

HOUSING AUTHORITY OF THE COUNTY OF ALAMEDA
 22941 Atherton Street
 Hayward, CA 94541-6633
 (510)538-8876 / FAX: (510)886-1964

DATE: _____
HA REP: _____

ATTENTION: Leasing Services and Accounting
SUBJECT: **CHANGE OF OWNERSHIP/ADDRESS/PAYEE/TAX ID# (Circle One)**
RE: Contract Number: _____
 Tenant Name: _____
 Unit Address: _____

NOTE: If you have additional tenants for which you need to change the Payee address, attach an additional sheet with their Contract Number, Tenant Name and Unit Address.

***EFFECTIVE DATE OF CHANGE OF OWNERSHIP:** _____

****NEW OWNER NAME:** _____ **FORMER OWNER NAME:** _____

Telephone: Home: _____ Work: _____ Emergency: _____

New Owner Address: _____

New Owner FID # or SS#: _____ (The Internal Revenue Service (IRS) requires the Housing Authority to issue 1099 forms, therefore, to be able to report the payments, we must have the New Owner's FID#/SS#)

MAKE FUTURE CHECKS PAYABLE TO: (If different from above) _____
Address: _____

New Owner's Certification: The owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the tenant family(ies), unless the Housing Authority of the County of Alameda has determined (and has notified the owner and the family such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

- The owner is related to the tenant(s) as described above _____ (Owner's initials certifying response)
- The owner is not related to the tenant(s) as described above _____ (Owner's initials certifying response)

***Former Owner/Payee (PRINT OR TYPE)** **New Owner/Payee (PRINT OR TYPE)**

Signature **Date** **Signature** **Date**

FORMER VENDOR # _____ **NEW VENDOR #** _____

(Office Use Only)

*** Please sign the form. If change of ownership occurred within the past year, both former and new owner must sign. A copy of ownership documents (e.g. Deed of Trust, final settlement statement) must be attached.**
**** If owner is new to Section 8 program, include a W9 form.**

UPDATED	DATE	INITIALS
MERCED:		