



ECKAN Housing

Change of Ownership

Date: _____

Dear Property Owner:

In order for ECKAN Housing office to process your Change of Ownership request, the following documentation is required from the legal Owner(s) of the property. Failure to do so may result in the termination of the Housing Assistance Payment (HAP) contract.

- A completed Request for Taxpayer Identification Number and Certification (W-9 form) signed and dated by the legal owner(s) of the referenced property or properties. Note: the name and tax ID number (Employee Identification Number (EIN) or Social Security Number (SSN) listed on the W-9 form must match the information listed on the verification letter or Social Security Card.
- A completed Change of Ownership form
- A complete list of tenants at the referenced property or properties.
- Proof of ownership (Property Title, Mortgage or Deed of Trust, Mortgage Note or Promissory Note, Settlement Statement)
- If you have not signed up for ECKAN Housing direct deposit program, a completed Direct Deposit Authorization Agreement and voided check.

Please note the following:

- For your request to take effect by a particular check issuance date, ECKAN Housing must receive your completed request with supporting documents no later than the 20th day of the prior month of the effective date of the change. Late requests will cause payment to go to the previous Owner.
- ECKAN Housing does not prorate HAP's between two Owners. For example, if the property was purchased on the 5th of the month, ECKAN Housing will pay the entire month to the previous Owner and the following month to the new Owner.



ECKAN Housing

Change of Ownership Form

This document serves as notice of a change of ownership for the following property or properties that participate in ECKAN Housing's HCV program:

_____	_____	_____
Street Address	City, State	ZIP Code
_____	_____	_____
Street Address	City, State	ZIP Code
_____	_____	_____
Street Address	City, State	ZIP Code
Use additional sheet if needed.		

Reason for change: Sale of Property Quit Claim Inheritance
 Other (specify): _____

New owner information:

Contact Name: _____

Company Name: _____

Address: _____
Street Address City, State ZIP Code

Phone: _____
Primary – Work / Home / Cell (circle one) Secondary - Work / Home / Cell (circle one)

Social Security Number or Employer Identification Number (MUST match W-9 form): _____

Individual that will receive 1099 for filing (MUST match W-9 form): _____

Signature – New Property Owner

Date