



PROPERTY OWNER CHANGE OF INFORMATION FORM
JACKSON HOUSING AUTHORITY

HOUSING CHOICE VOUCHER PROGRAM

Name:
SSN: or EIN:
Owner's Social Security Number Employer Identification Number

Type of Change Requested:
[] Address [] Banking Information
[] Ownership [] Management Company [] Other

Old Information:
Address: Unit/Suite #:
City: State: Zip:
Telephone:
Cell Phone:
Email Address:
Bank Name:
Routing Number:
Account Number:

New Information:
Address: Unit/Suite #:
City: State: Zip:
Telephone:
Cell Phone:
Email Address:
Bank Name:
Routing Number:
Account Number:

MUST COMPLETE A NEW DIRECT DEPOSIT FORM WITH VOIDED CHECK ATTACHED FOR THE NEW ACCOUNT

Change of Ownership:
New Owner: Previous Owner:
I have purchased the property located at the below address. I am requesting that the Housing Assistance Payments made on behalf of the family residing in the above stated unit be changed to my name to reflect the change of ownership as seen on the accompanying documents.
Address: Unit/Suite #:
City: State: Zip:
Telephone:
Signature:
Date:

Required Documents: Property Deed (stamped with recorded book #), IRS W-9 Form, Direct Deposit Form, and Lease.

Assignment or Change of Management Company:
Owner Name:
I have assigned all management functions for the unit located at the below address to the following Property Management Company.
New Management Company:
Telephone Number:
Property Address: Unit/Suite #:
City: State: Zip:
Please submit payment to the following (all correspondence will be sent to this address):
I understand that by signing this form, I give the above mentioned company the right to act on my behalf regarding all decisions with Jackson Housing Authority and the above mentioned Section 8 participant.

Owner Signature Date
Property Management Signature Date
If payment is being transferred from the original payee, a new IRS W-9 Form will need to be completed

Completed forms may be mailed, e-mailed, faxed, or submitted in person to:
Mailing Address: Physical Address: Fax:
Jackson Housing Authority Jackson Housing Authority 601-982-4733
PO Box 11327 2747 Livingston Road E-Mail:
Jackson, MS 39283 Jackson, MS 39213 jha@jacksonhousing.org