



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

Please list the name of each Section 8 participant included in this change request.

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: Jackson Housing Authority
PO Box 11327
Jackson, MS 39283

Physical Address: Jackson Housing Authority
2747 Livingston Road
Jackson, MS 39213

Fax: 601-982-4733
E-Mail: jha@jacksonhousing.org