

**CHANGE OF LANDLORD FORM**

**THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON  
SECTION 8 HOUSING OFFICE  
550 MEETING STREET  
CHARLESTON, SOUTH CAROLINA 29403  
(843) 723-4491  
TDD: (843) 720-3697  
FAX: (843) 720-5349**

**TENANT:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**In accordance with the provisions of the Housing Assistance Payments Contract, please be advised that it is my intention to transfer the ownership and/or management of the above-mentioned property to:**

**NEW OWNER / MANAGER:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TAX IDENTIFICATION # OR SOCIAL SECURITY #:** \_\_\_\_\_

**Accordingly, please direct payments to the new Owner / Manager as of \_\_\_\_\_.**

**The new Owner / Manager hereby agrees to accept the terms and conditions of the Housing Assistance Payments Contract, Lease, and Lease Addendum. Also, by way of signature, the new owner/manager is attesting that he/she is not the parent, child, grandparent, grandchild, sister or brother of any member of the tenant family.**

\_\_\_\_\_  
**NAME: (Previous Owner/Mgr.)**

\_\_\_\_\_  
**NAME: New Owner / Mgr.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**TELEPHONE NUMBER**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

**(NOTE: DUPLICATE FORMS REQUIRED IF TRANSFER INVOLVES MULTIPLE TENANTS)  
(IRS W-9 FORM MUST ALSO BE ATTACHED)**