



CHANGE OF LANDLORD FORM

THE HOUSING AUTHORITY OF THE CITY OF CHARLESTON

Housing Services Department

550 Meeting Street

Charleston, SC 29403

Telephone: (843) 720-4491

TDD: (843) 720-3697

Fax: (843) 720-5349

Email: hcv@chacity.org

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 _____
(Date)

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 ARE REQUIRED IF TRANSFER INVOLVES MULTIPLE TENANTS
(IRS W-9 FORM AND DIRECT DEPOSIT FORM MUST ALSO BE ATTACHED)**