

LINCOLN HOUSING AUTHORITY
CHANGE OF OWNER INFORMATION

THIS INFORMATION MUST BE COMPLETED AND SIGNED BEFORE THE
HOUSING AUTHORITY CAN CHANGE ITS RECORDS

NEW OWNER

NAME CHANGE

ADDRESS CHANGE

MANAGEMENT CHANGE

OTHER: _____

*Please complete Box 1 with the owner information and sign and date this page.
Then complete the form W-9 and also sign and date this form.
A copy of the IRS instructions are enclosed.*

BOX 1

NAME:	_____
IN CARE OF:	_____
STREET:	_____
CITY/STATE/ZIP:	_____
PHONE:	_____
PROJECT:	_____
*** ALL CHECKS AND CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS***	

BOX 2 (Previous address or management)

NAME:	_____
IN CARE OF:	_____
STREET:	_____
CITY/STATE/ZIP:	_____
PHONE:	_____

Under penalties of perjury, I certify that this information is true and correct. I understand that checks will be issued and reported to the IRS per the information stated on this form. Furthermore, I understand no checks can be issued without this signed and completed form.

PER ATTACHED LETTER

Owner=s Signature _____

Date _____

TENANTS:

