



PROPERTY OWNER NAME AND ADDRESS CHANGE FORM

Date: _____ Social Security # or Tax ID #: _____

Name: _____

Company Name: _____

Tenant's Name (list only one): _____

In order for the Michigan City Housing Authority (MCHA) Housing Choice Voucher (HCV) Program office to process your Change or Name and Address request, a **completed Request for Taxpayer Identification Number and Certification (W-9) form** signed and dated by the legal Owner(s) of the referenced property must be submitted along with this form.

Please be advised that effective _____ my name and/or address information will change as listed below:

Old Name: _____

New Name: _____

Old Address: _____
(Street Address) (City) (State) (ZIP Code)

New Address: _____
(Street Address) (City) (State) (ZIP Code)

(Property Owner(s) or Manager(s) Signature(s)) (Date)

(Primary Telephone # - Work/Home/Cell (circle one) (Secondary Telephone # - Work/Home/Cell (circle one)

(E-mail Address)

Fax this completed form and W-9 to 219-87 3-7700 or drop it off at the Main Office location as listed below.

Note: Your request must be received before the 15th of the current month in order for the change to be reflected in the next month's check run. Changes received after that date will not be reflected for two months. For example, if your request is received on May 22 the change will be reflected in the July HAP check run.

Office Use Only:



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Date received: _____

Date Processed: _____
9/8/11

Initials: _____
