

Please replace with new e-mail

[Ownermgmtchange@ohfa.org](mailto:Ownermgmtchange@ohfa.org)



OKLAHOMA HOUSING FINANCE AGENCY

PO Box 26720 Oklahoma City, OK 73126-0720

Attn: Finance HAP Team E-Mail: [Rentalhapgroup@ohfa.org](mailto:Rentalhapgroup@ohfa.org)

Phone (405) 848-1144 Ext-2898 Fax (405) 419-9198

## **OWNERSHIP/MANAGEMENT CHANGE REQUEST FORM**

I, hereby notify Oklahoma Housing Finance Agency a change in ownership/management of the property listed below.

**(Please type or print legibly)**

Previous Owner/Management Agent

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### **New Owner/Management Agent Information:**

Please check the following that applies.  Ownership Change  Management Change

**Owner(s) Name:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**New Management (Agent):** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

**Will the existing tax identification number listed on file be changing? Yes (\_\_\_\_) No (\_\_\_\_)**

Apartment Complex Name: (if applicable) \_\_\_\_\_

Do you have more than One (1) tenant at this property? Yes (\_\_\_\_) No (\_\_\_\_) If so, please indicate approximately how many tenants you have. Number of Tenants: \_\_\_\_\_

**Please List Below The Tenants Name And Address To Be Changed.**

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_ Address: \_\_\_\_\_

If you need additional space, please attach information along with this form. Thank you,

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This form was submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature Required