National Housing Compliance, Inc.
MANDATORY CHECKLIST for Reporting Owner/Agent Changes for Properties Currently Assigned to NHC

Please complete this checklist and attach it to the completed forms so that we can process your changes timely. Please email forms to: oaforms@nhcinc.org

Minor contact changes (No forms required) - staff, email and/or telephone/fax numbers may be reported by sending a simple email to: oaforms@nhcinc.org

**PLEASE DO NOT SUBMIT YOUR COMPLETED FORMS MORE THAN ONCE TO THE OAFORMS EMAIL ADDRESS**

<table>
<thead>
<tr>
<th>Owner Change</th>
<th>Bank Account Change</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Requested Effective Date:</strong></td>
<td><strong>Requested Effective Date:</strong></td>
</tr>
<tr>
<td>□ Owner Change</td>
<td>□ Bank Account Change</td>
</tr>
<tr>
<td>□ Owner/Agent Information Form</td>
<td><strong>Direct Deposit Form (1199)</strong></td>
</tr>
<tr>
<td>□ Signature Authorization</td>
<td><strong>Enter the Taxpayer Identification Number (TIN) for the bank account that the funds are going to be deposited into in Section 1C</strong></td>
</tr>
<tr>
<td>□ HAP Assumption Agreement</td>
<td><strong>The TIN entered on the 1199 must match the same TIN entered on the W-9</strong></td>
</tr>
<tr>
<td>□ Direct Deposit (see bank account change)</td>
<td><strong>A copy of the voided check is attached</strong></td>
</tr>
<tr>
<td>□ W-9 (see bank account change)</td>
<td><strong>Ensure all signatures and dates are completed</strong></td>
</tr>
</tbody>
</table>

Existing Owner Name _____________________________
New Owner Name ________________________________

**Owner Change**

**Management Agent Change**

Requested Effective Date: ____________

□ Mandatory Checklist
□ Owner/Agent Information Form
□ Signature Authorization
□ Management Certification
□ Direct Deposit (see bank account change)
□ W-9 (see bank account change)

Existing Agent Name _____________________________
New Agent Name ________________________________

**Management Agent Change**

**Other Changes**

□ Requested Effective Date: ____________
Owner/Agent Information Form Only

□ Requested Effective Date: ____________
Signature Authorization Form Only

**If you are submitting changes to more than one property, please submit all required change forms for each individual property.**

**Additional Information**

Please review the sample completed forms on NHC website www.nhcinc.org

Any Questions - Toya Davidson at 770-939-3939 Ext. 2001 or toya.davidson@nhcinc.org

Property Name: ____________________________ Contract #: ____________
Print Name: ________________________________ Phone #: ____________________
Title: ______________________ Company Name: __________________________

O:/Owner Agents Forms/Changes in currently assigned OA    updated 3/13