



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****

<input type="checkbox"/> Owner Change Requested Effective Date: _____ <input type="checkbox"/> Mandatory Checklist <input type="checkbox"/> Owner/Agent Information Form <input type="checkbox"/> Signature Authorization <input type="checkbox"/> HAP Assumption Agreement <input type="checkbox"/> Direct Deposit (see bank account change) <input type="checkbox"/> W-9 (see bank account change) Existing Owner Name _____ New Owner Name _____	<input type="checkbox"/> Bank Account Change **Direct Deposit and W9 forms must be submitted **NOTE: A change in bank account must be received by the 20th of the month to be effective for the next months voucher payment. <input type="checkbox"/> **Direct Deposit Form (1199) <input type="checkbox"/> Enter the Taxpayer Identification Number (TIN) for the bank account that the funds are going to be deposited into in Section 1C <input type="checkbox"/> The TIN entered on the 1199 must match the same TIN entered on the W-9 <input type="checkbox"/> A copy of the voided check is attached <input type="checkbox"/> Ensure all signatures and dates are completed <input type="checkbox"/> Letter from Owner authorizing change <input type="checkbox"/> **W-9 Form <input type="checkbox"/> Enter the name as it appears on the Federal Tax return <input type="checkbox"/> Check box for the type of business, if LLC, indicate which type: D,C,P,O <input type="checkbox"/> Enter the address where the 1099 is to be mailed Requested Effective Date: _____ **IMPORTANT: The Financial Institution MUST complete section 2 & 3 and forward directly to NHC via email oaforms@nhcinc.org
<input type="checkbox"/> Management Agent Change Requested Effective Date: _____ <input type="checkbox"/> Mandatory Checklist <input type="checkbox"/> Owner/Agent Information Form <input type="checkbox"/> Signature Authorization <input type="checkbox"/> Management Certification <input type="checkbox"/> Direct Deposit (see bank account change) <input type="checkbox"/> W-9 (see bank account change) Existing Agent Name _____ New Agent Name _____	

Other Changes

<input type="checkbox"/> Requested Effective Date: _____ Owner/Agent Information Form Only	<input type="checkbox"/> Requested Effective Date: _____ Signature Authorization Form Only
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****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: _____