



**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	<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.
<p>Requested Effective Date: _____</p> <ul style="list-style-type: none"> <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) <p>Existing Owner Name _____</p> <p>New Owner Name _____</p>	<ul style="list-style-type: none"> <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"/> Ensure all signatures and dates are completed <input type="checkbox"/> **Copy of Voided Check or Letter from Bank <input type="checkbox"/> **Letter from Owner authorizing bank 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 <p>Requested Effective Date: _____</p>
Management Agent Change	
<p>Requested Effective Date: _____</p> <ul style="list-style-type: none"> <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) <p>Existing Agent Name _____</p> <p>New Agent Name _____</p>	<p>Requested Effective Date: _____</p>
Other Changes	
<input type="checkbox"/> Requested Effective Date: _____ Owner/Agent Information Form Only	<input type="checkbox"/> 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	
<p>Please review the sample completed forms on NHC website www.nhcinc.org</p> <p>Any Questions - Katie Thalacker-Roberts at 770-939-3939 Ext. 2000 or oaforms@nhcinc.org</p>	
<p>Property Name: _____ Contract #: _____</p> <p>Print Name: _____ Phone #: _____</p> <p>Title: _____ Company Name: _____</p>	