



CITY OF TUCSON
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
SECTION 8 HOUSING DIVISION

CHANGE OF OWNERSHIP/MANAGEMENT FORM

Date: _____

Dear Property Owner or Manager:

In order for the City of Tucson Housing Choice Voucher (HCV) Program office to process your change of Ownership/Management request, the following documentation is required from the legal Owner(s):

- A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the referenced property or properties.
- A completed Housing Assistance Payment (HAP) Contract Assignment form
- A completed list of tenants at the reference property or properties
- Landlord Supplemental Information Sheet
- Proof of Ownership (*Deed and Property Tax statement*)
- A completed Electronic Fund Transfer Authorization form with a voided check or bank letter with name, address, routing/account numbers. A direct deposit slip is **not** accepted.
- Management Agreement (between Owner and Management Company)
- New landlords and new management companies must register and complete a Landlord briefing.

This packet contains three pages and each page requires information from you that is imperative to expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and send to:

City of Tucson - Housing and Community Development Department
Section 8 Housing Division
Attn: Elisa Gracia
310 N Commerce Park Loop
Tucson, AZ 85745

In addition, you may submit via fax at 520-791-5201 or drop it off at the location listed above or email it to:

elisa.gracia@tucsonaz.gov



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This document serves as notice of a Change of Ownership/Management for the following property or properties that participate in the HCV program.

Street Address	City, State	Zip Code
Street Address	City, State	Zip Code
Street Address	City, State	Zip Code

Reason for Change: Sale of Property Inheritance New Management Company
 other (specify): _____

New Property Owner/Manager Information:

Contact Name: _____

Company Name: _____

Address: _____

Telephone: _____

Primary – Work/Home/Cell (circle one)

Secondary – Work/Home/Cell (circle one)

E-mail Address (**required**): _____

Social Security Number or Employer Identification Number (**MUST match W-9 form**): _____

Individual that will receive 1099 for filing (**MUST match W-9**) form: _____

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

Date

Office Use Only:

Date Entered

Initials

Owner#:

New

Previous

Settlement

Rcv'd



CITY OF TUCSON
HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT
SECTION 8 HOUSING DIVISION

HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT ASSIGNMENT

Date: _____ Effective Date of change: /1/2022

I (We), _____
 (Name(s) listed on IRS Form W-9)

am (are) the new Property Owner(s)/Manager(s) of the housing unit(s) located at:

(Address Range) (Street) (Ave. /St. /etc.) (City, State) (ZIP Code)

The following are the HCV Program participants who reside at the property:

Name	Property Address	Unit #	ZIP Code
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I (We) intend to carry out the terms and conditions listed in the current lease and HAP Contract.

I (We) have attached all required documentation.

Signature of New Property Owner/Manager _____
Date

 Office Use Only:

Administrator Signature _____
Date

Previous Owner #: _____



310 N Commerce Park Loop. P.O. Box 27210 Tucson, AZ 85726-7210
 Phone (520) 837-5322 Fax (520) 791-5201 TTY: (520) 791-2639
Elisa.Gracia@tucsonaz.gov



If you should require an accommodation or alternative arrangements due to a disability, please call (520) 791-4739.
 If you require an oral interpretation in a language other than English, please call (520) 791-4739.
 Si requiere una interpretación oral en un idioma que no sea inglés, por favor llame al (520) 791-4739.

