



# Clermont Metropolitan Housing Authority

65 South Market Street | Batavia, Ohio 45103

513.732.6010 | Fax 513.732.6520

www.clermontmha.org

## OWNER CHANGE OF ADDRESS

### Owner of Unit

List name and address which the Owner wishes to appear on the IRS Form 1099:

Company Name (if needed): \_\_\_\_\_

Individual Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

### Tax Information Number

The Internal Revenue Service requires that CMHA prepare and submit IRS Form 1099-Statement of Recipients of Miscellaneous Income, for all recipients who receive income for a calendar year. In order to comply with the law, we need your Tax Identification Number. This will be either your Social Security Number or your business Federal Tax Identification Number, depending on how you report income. A copy of the form showing the total amount of rental assistance paid by CMHA will be sent to you.

Tax Identification Number or Social Security Number: \_\_\_\_\_

### Managing Agent

Company Name (if needed): \_\_\_\_\_

Individual Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Contact: \_\_\_\_\_

My Property Manager is authorized to conduct the following business on my behalf

Check all that apply:

Contract with CMHA and tenant (negotiate rent, execute tenant lease & HAP contract)

Receive written communication including contracts and inspection notices.

Receive Housing Assistance Payments (HAP) and tenant rental payments

Access contract and payment information

Other (attached additional sheets if necessary)

\_\_\_\_\_  
(Signature of Legal Owner)

\_\_\_\_\_  
(Date)

Fax this completed form to 513-732-6520 or email to [tcov@clermontmha.org](mailto:tcov@clermontmha.org)