

HOUSING CHOICE VOUCHER (HCV) PROGRAM CHANGE TO PROPERTY MANAGEMENT PACKET

In order for our office to process your Change of Property Manager request, the attached forms must be completed. You must include your Tax ID Number or Social Security Number on the forms where they are requested. This information is needed to process payment(s) and for other tax purposes. All payments are made via direct deposit. If you have any questions regarding these forms, please call (513) 732-6010 between 8:30 AM and 4:00 PM.

Form Checklist: *Please utilize the checklist below to ensure that you have submitted all necessary documents. NO change will be processed without the necessary documentation.*

- _____ Assignment of HAP Contract and Dwelling Lease Agreement
- _____ Property Manager Authorization Form *(must be signed by owner)*
- _____ Direct Deposit Form *(voided check or bank verification form)*
- _____ Agent Management Agreement *(if available)*

CONTACT INFORMATION FOR THE OWNER OF THE PROPERTY BELOW

Company Name or Owner: _____ Phone # _____

Address: _____ Fax # _____

City, State & Zip: _____

Email Address: _____

PLEASE IDENTIFY WHAT TYPE OF CHANGE THIS IS: <i>(check box(es) below)</i>	
<input type="checkbox"/> Adding a New Property Manager Name of Property Manager/Company being added: _____	<input type="checkbox"/> Removing a Property Manager <i>(if applicable)</i> Name of Property Manager/Company being removed: _____

This packet must be submitted in writing to:
 CMHA 65 S Market St Batavia, OH 45103
 Fax: 513-732-0851 Email: info@clermontmha.org
 Copies of this form are also available on our website at www.clermontmha.org

ASSIGNMENT OF HOUSING ASSISTANCE PAYMENTS (HAP)
CONTRACT AND DWELLING LEASE AGREEMENT

(Address of All Properties to be changed)

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MANAGEMENT COMPANY INFORMATION

If someone other than the owner will be managing the property, please complete the attached *Property Manager Authorization* Form and if possible, attach a copy of your management agreement.

IMPORTANT
NO CHANGES IN PROPERTY MANAGEMENT WILL BE PROCESSED UNTIL ALL
DOCUMENTATION HAS BEEN RECEIVED.

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Property Manager Authorization

The Management Company/Agent for the unit listed below is either licensed by the State of Ohio, or is employed by me in accordance with Ohio Revised Code 4735.01. (If an Agent or Management Agreement is available, please provide a copy.)

Property address(es): _____

Tenant Name(s): _____

I, _____ (owner's name), hereby authorize
_____ (property manager's name) known hereafter as
my Agent, to conduct the business indicated in Section C below with CMHA on my behalf for the unit listed
above.

As appropriate, fill in either Section A or Section B below.

Section A – Property Manager licensed by the State of Ohio:

Real Estate Broker: _____ Broker #: _____
(Signature of Broker)

- or -

Real Estate Agent: _____ Agent Sales #: _____
(Signature of Real Estate Agent)

- and -

Real Estate Broker: _____ Broker #: _____
(Signature and License # of Managing Broker)

Section B - Property Manager is an employee of the owner, as defined by the Ohio Division of Real Estate.

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

Check all that apply:

- Contract with CMHA and tenant (i.e., negotiate rent, execute tenant lease and HAP contract)
- Receive Housing Assistance Payments (HAP) and tenant rental payments
- Grant access to the rental unit
- Access contract and payment information
- Other (attach additional sheets if necessary)

This authorization is for the above unit only.

(Signature of Legal Owner)

(Date)

Section D – Contact information for my Property Manager is as follows:

Company Name: _____ Phone Number: _____

Contact Name: _____ Fax Number: _____

Address: _____ E-Mail Address: _____

Please keep a copy of this authorization on file as it may be requested for verification purposes.