



OWNER CHANGE OF ADDRESS

****THIS SECTION MUST BE COMPLETED****

Address(es) affected by this 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 Number _____ 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

Yes No *My Management Company/Agent is either licensed by the State of Ohio, or is employed by me in accordance with Ohio Revised Code 4735.01.*

Company Name (if needed) _____

Individual Name _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ Contact _____

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 HAP contracts, Tenancy Addendum and all other written communication, including Notices of Needed Repairs
- 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)

(Signature of Legal Owner)

(Date)

Payments

All HAP Payments are Direct Deposit; forms are available on-line at www.cintimha.com.

WARNING: Title 18, US Code Section 1001, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the United States is guilty of a felony. State law may also provide penalties for false or fraudulent statements.

FAX THIS COMPLETED FORM TO 513-665-3102 OR 513-665-2932, OR EMAIL TO HCVHELP@CINTIMHA.COM.

FOR OFFICE USE ONLY:

Information entered by: _____ **Date entered:** _____ **Vendor #:** _____