



OWNER/PROPERTY MANAGER CHANGE OF ADDRESS

Please list the rental address(es) affected by this change:

- 1. _____ 2. _____
3. _____ 4. _____

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

Company Name (if applicable) _____
Individual Name _____
Street Address _____
City _____ State _____ Zip _____
Phone# _____ Contact _____

Tax Information Number

The IRS 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 a 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 of 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 _____
Telephone _____ 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 Notice 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 the 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.

This packet must be submitted in writing to:
CMHA Attention: Inspection's Department 1635 Western Ave., Cincinnati, OH 45214,
or faxed to 513-665-2932,
Copies of this form are also available on our website at www.cintimha.com