

## **Change of Ownership Instruction Sheet**

**Please complete the change of Ownership form below. The change will be processed as soon as all documentation is received.**

**The following information should be turned in with this form:**

- **W-9 Request for Taxpayer Identification Number and Certification**
- **Bill of Sale, Deed or explanation of change**
- **Direct Deposit form**

**You can email completed paperwork to [g.ortiz@dentonhousingauthority.com](mailto:g.ortiz@dentonhousingauthority.com) or fax to 940-484-8804 (attn. Gina)**

**Thank you,  
Gina Ortiz  
Denton Housing Authority**

# Denton Housing Authority

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**Section 8 Housing  
Choice Voucher  
Landlord/Owner Change of  
Ownership Request**

**Effective Date of Change:** \_\_\_\_\_

**Current Name of Landlord/Owner:** \_\_\_\_\_

**Tax I.D. # or SS #:** \_\_\_\_\_

**New Landlord/Owner:** \_\_\_\_\_

**Tax I.D. # or SS #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Name and address of tenant(s) this change will affect:**

<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>
<b>Name:</b>	<b>Address:</b>

**WHAT IS THE CHANGE REASON:** \_\_\_\_\_

**Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DENTON HOUSING AUTHORITY  
DIRECT DEPOSIT FORM**

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Denton Housing Authority will send all Section 8 landlords/owners HAP checks by direct deposit ***ONLY*** Please use the Landlord Portal to view payment records. This form must be returned to the Housing Authority by the **25<sup>th</sup>** day of the month.

(please check) \_\_\_\_\_ ***NEW***                      \_\_\_\_\_ ***CHANGE***

**Please complete the information listed below.**

**Landlord, owner, or apartment complex name:** \_\_\_\_\_

**Tax ID Number(if known):** \_\_\_\_\_

**Section 8 Head of Household Name:** \_\_\_\_\_  
(Multiple tenants use separate sheet)

**Bank Name:** \_\_\_\_\_

**Name or Names on Account:** \_\_\_\_\_

**Account #** \_\_\_\_\_

**Routing Information:** \_\_\_\_\_

**Checking or Savings:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED DEPOSIT SLIP OR VOIDED CHECK TO THIS FORM.**

**It is your responsibility to notify the DHA in writing before the 25<sup>th</sup> day of the month if you have a change to your account information. All payments will be sent by direct deposit no later than the first business day of the month, as long as funds have been received by HUD. DHA will not be financially responsible if HAP checks are received late due to landlord/owner failure to provide accurate and/or up-to-date information.**

**By signing this form I authorize the Accounting Department of the Denton Housing Authority to direct deposit my HAP check into the account listed above.**

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**Landlord/Owner Signature                      Date                      Phone Number & Email**