



Scottsdale Housing Agency

Paiute Neighborhood Center

6535 East Osborn Road, Building 8

Scottsdale, AZ 85251-4501

PHONE

480-312-7717

FAX

480-312-7761

TDD

480-312-7411

WEB

[www.scottsdaleaz.gov/assistance/housing/voucher](http://www.scottsdaleaz.gov/assistance/housing/voucher)

## NOTIFICATION OF OWNERSHIP CHANGE FORM

This form is to report a change in ownership for a Section 8 participating property.

*\*\*\* Please note - Changes may take up to 30 days to process \*\*\**

Date: \_\_\_\_\_

### Previous Owner Information:

Purchased from: \_\_\_\_\_  
Previous owner (as appears on recorded deed)

Complex (if applicable): \_\_\_\_\_

Tenant Name(s): \_\_\_\_\_

Property Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

### New Owner Information:

Owner Name(s): \_\_\_\_\_  
(Name as appears on **recorded** deed)

Is there a DBA?  Yes  No If yes, DBA: \_\_\_\_\_

Social Security # / Federal Tax ID#: \_\_\_\_\_  
(To match name of Deeded Owner or DBA )

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you have a Management Co?  Yes  No (*\*Management Agreement Required\**)

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

Address where Housing Assistance Payment is to be mailed:

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

City, State, Zip: \_\_\_\_\_

If owner is Out of State please provide the following: *\*Required by law\**

Local Contact Person: \_\_\_\_\_

Owner/Agent email address: \_\_\_\_\_



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Please provide copies of following required documentation:

- **Notification of Ownership Change** (this form)
- **RECORDED Deed**
- **Management Agreement** (if applicable)
- **W-9 Tax Payer Identification form**

Please Note: The previous owner may continue to receive or has received Housing Assistance Payments for this or these contracts(s). No changes will be made until this form and required documents are received by the Section 8 Program; it is the responsibility of the NEW owner to collect any previous HAP funds due.

The New Owner expressly accepts the same terms and conditions imposed by the initial contract and lease. The parties, by signing below, have indicated their understanding and acceptance, as such amends the Contract and Lease.

\_\_\_\_\_  
Print New Owner

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Print Property Manager

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Print New Owner (*addtn'l owner*)

\_\_\_\_\_  
Signature/Date

\_\_\_\_\_  
Print New Owner (*addtn'l owner*)

\_\_\_\_\_  
Signature/Date

**RETURN FORM TO:**  
**Scottsdale Housing Agency**  
**6535 E Osborn Rd, Bldg 8**  
**Scottsdale, AZ 85251**

**OR EMAIL TO:**  
**Housing@ScottsdaleAZ.gov**



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