

## CHANGE OF OWNERSHIP PACKET

You will need the following items to change ownership of a property:

- A signed Settlement Statement (signed by the buyer and the seller) and/or a recorded deed (registered with the Franklin County Auditor)
- Photo ID (owner)
- Property Ownership Change Request
- Assignment of Housing Payments Contract and Lease Form
- Authorization Agreement for ACH Payments Form
- Property Management Agreement (if applicable )
- IRS Form W-9 (signed and filed by the recorded owner)

It is our goal to process all changes of ownership requested. It is important to know that ownership changes will usually be processed before the next check run date after the documentation is received by our office. Please make the necessary arrangements with the previous owner to be paid the next month's rent if you purchase or close on a property near the end of the month. Any monies owed on the property before the date CMHA receives the change of ownership packet would need to be recouped from the previous owner.

**You will receive information for E-disbursement** (electronic payment) via email at the address you provide on the ACH Authorization Agreement form.

To submit the change of ownership , you can submit all documents by :

- email; [cmha.landlord@housing.systems](mailto:cmha.landlord@housing.systems)
- Via mail;  
PO Box 163490  
Columbus, OH 43216
- In person during normal business hours 8:00 AM-4:30 PM at:  
107 S. High St.  
2<sup>nd</sup> Floor,  
Columbus, OH 43215

Team Lead, Leasing Department Housing Choice Voucher Program

CGI Federal Inc.	107 S. High St, 2 <sup>nd</sup> FL	Columbus, OH 43215
Email Address: cmha.hcv@housing.systems	Main Number 833.378.2220	TTY: 800.750.0750 FAX: 877.424.1825

*Housing Choice Voucher Program*

**Property Ownership Change Request**

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

Previous Vendor Name: \_\_\_\_\_ Previous Vendor #: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

New Vendor Name: \_\_\_\_\_ New Vendor #: \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Tax ID Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Transfer Date: \_\_\_\_\_

Property Management Company (if applicable): \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Change Requested By: \_\_\_\_\_

Client #	Client Name	Client Address	Unit #

(OFFICE USE ONLY)

Date Submitted: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Approved By: \_\_\_\_\_  
(Supervisor)

**ASSIGNMENT OF HOUSING ASSISTANCE PAYMENTS (CONTRACT AND LEASE) HOUSING CHOICE VOUCHER PROGRAM**

- Property owner or spouse must NOT be related to any member of the participating household.
- Payments to a new owner/management company cannot be processed until approved.
- This form must be completed for each tenant-based unit assisted by CGI. If the property is a multi-unit apartment building, attach a list of assisted properties.
- CGI reserves the right to reject an owner or management company's participation in the Housing Choice Voucher Program
- Please attach proof of ownership

The new owner \_\_\_\_\_ of the property requests the assignment of all rights and interest in CGI-CMHA assisted unit(s).

I/we acknowledge and declare that the following statements are true:

1. I/we am/are the rightful and legal owner(s) of this property
2. I/we am/are not delinquent in the payment of real estate taxes to the Franklin County auditor.
3. I/we have not been convicted in a court of law or pled guilty to any criminal proceedings regarding the use, possession, selling, or the manufacturing of Illegal drugs and/or mortgage fraud.
4. I/we have no familial relationship to any family member who resides at this unit or any other CGI assisted unit that I/we own.
5. I/we have received a current copy of the lease and HAP contract for each assisted unit.
6. I/we have not been restricted from participation in any federally assisted housing program by HUD or CGI.
7. I/we agree to provide an executed management agreement to CGI if an agent or property management company manages this unit. The owner's property manager or property management company must be currently registered to manage rental property by the state of Ohio.
8. I/we have provided the correct Tax ID # or Social Security Number for IRS-form 1099 issuance.
9. I/we will register the property as a rental property with the Franklin County Auditor within 30 days from the date of my signature below. Failure to register this property may result in termination of the HAP contract.
10. If the ownership entity of the property is an entity other than a person or for multiple persons with an ownership interest, I am authorized to sign this assignment document on behalf of the ownership entity.

\_\_\_\_\_  
Owner Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**AUTHORIZATION AGREEMENT FOR ACH PAYMENTS**

CGI Federal Inc.	107 S. High St, 2 <sup>nd</sup> FL	Columbus, OH 43215
Email Address:	Main Number	TTY: 800.750.0750
cmha.hcv@housing.systems	833.378.2220	FAX: 877.424.1825

*Housing Choice Voucher Program*

Please type or clearly print all requested information and return the form to CGI and allow time for processing your enrollment. ACH enrollment is subject to internal deadlines that have been established for issuing bi-monthly payments.

**Do not send banking information. This information will be requested during online registration.**

Landlord ID # (L): \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_  
Address City/State Zip Code

Property Contact Name: \_\_\_\_\_

Property Contact Number: \_\_\_\_\_

Property Contact Email: \_\_\_\_\_  
(An e-mail address is required for bank website enrollment)

Payment Type Preference (Select One): Bank Deposit: \_\_\_\_\_ Prepaid Debit Card: \_\_\_\_\_

**Authorization and Acknowledgement**

1. I hereby authorize the Columbus Metropolitan Housing Authority (CMHA) and its agents, including financial institutions, to deposit payments by electronic funds transfer (ACH).
2. I acknowledge that CGI-CMHA has the right to modify the terms of service provided by this electronic banking system at any time without advanced notice or obtaining my permission.

\_\_\_\_\_  
Printed Name Date Signature Date