

OKLAHOMA HOUSING FINANCE AGENCY
PO Box 26720 Oklahoma City, OK 73126-0720
Attn: Finance HAP Team E-Mail: Rentalhapgroup@ohfa.org
Phone (405) 848-1144 Ext-2898 Fax (405) 419-9198

OWNERSHIP/MANAGEMENT CHANGE REQUEST FORM

I, hereby notify Oklahoma Housing Finance Agency a change in ownership/management of the property listed below.

(Please type or print legibly)

Previous Owner/Management Agent

Name: _____ Address: _____
City: _____ State: _____ Zip Code _____ Phone: (____) _____

New Owner/Management Agent Information:

Please check the following that applies. Ownership Change Management Change

Owner(s) Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone (____) _____ Fax: (____) _____

New Management (Agent): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone (____) _____ Fax: (____) _____

Will the existing tax identification number listed on file be changing? Yes No

Apartment Complex Name: (if applicable) _____

Do you have more than One (1) tenant at this property? Yes No If so, please indicate approximately how many tenants you have. Number of Tenants: _____

Please List Below The Tenants Name And Address To Be Changed.

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

Tenant Name: _____ Address: _____

If you need additional space, please attach information along with this form. Thank you,

Notes: _____

This form was submitted by: _____ Date: _____

Signature Required