



Strengthening Homes, Communities and Lives

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CHANGE OF MANAGEMENT/OWNERSHIP FORM

Please complete this information about the change you are reporting about your properties.

Change of	<input type="checkbox"/> Ownership	<input type="checkbox"/> Management
Reason for change	<input type="checkbox"/> Sale of Property <input type="checkbox"/> Quit Claim <input type="checkbox"/> Inheritance <input type="checkbox"/> New Management Company <input type="checkbox"/> Other (explain):	
Street Address		City, State, Zip Code

New Property Owner Information (*Information must match W-9*)

Owner Name			
Owner Address			
Telephone		Email	
Social Security Number/ Employer Identification Number		Individual that will receive 1099	
Managing Agent		Telephone	
Address			

Complete the list below to include all of the voucher-assisted tenants currently residing at the property. If needed, please attach additional pages to include all tenants or attach your own computer-generated list of tenants.

Name	Property Address	Unit #	Zip Code

Previous Property Owner and signer of current HAP Contract	Effective Date of current HAP Contract

I/We intend to carry out the terms and conditions listed in the current lease and HAP Contract and have attached all required documentation.

Property Owner(s) or Manager(s) Signature(s)	Date