



Property Ownership Change Form

Check box if information has changed
 Check box if new owner no longer wants to participate in Section 42 Program

Development: _____ BIN: _____
 Name of Owner: _____ Contact Person: _____
 Street Address: _____ City: _____ State: _____
 Zip: _____ Phone: _____ Fax: _____
 Email: _____ Federal I.D. #: _____

All Ownership Interest in Owner & the Development:

(Check box to left of table if any information is new or has changed)

	Name	Role	Owner%	Address	City, State	Zip	Phone	Email
<input type="checkbox"/>	General Partner (1)							
<input type="checkbox"/>	Principal							
<input type="checkbox"/>	Principal							
<input type="checkbox"/>	General Partner (2)							
<input type="checkbox"/>	Principal							
<input type="checkbox"/>	Principal							
<input type="checkbox"/>	Limited Partner							
<input type="checkbox"/>	Principal							
<input type="checkbox"/>	Principal							

Check box if Property Management has also changed. If so, please fill out Property Management Change Form in [Compliance Manual Appendix D](#).

I acknowledge that as an Owner, I must create a login and password in order to update compliance information monthly through www.ihcdaonline.com

Building disposition by. Sale Foreclosure Destruction Other (attach explanation)
 Date of disposition (MM/DD/YYYY) _____ Please attach supporting documentation.

Provide Name and Signature for Former and New Ownership:

Former New _____
 Printed Name & Title Signature Date

Former New _____
 Printed Name & Title Signature Date

Former New _____
 Printed Name & Title Signature Date