



Transfer of Ownership

Address of Property Purchased:

Previous Owner's Name: _____

Date of Purchase: _____

Your Information:

Name: _____

Mailing Address:

Phone Numbers:

_____ Home Fax Number: _____
_____ Cell
_____ Work

Email Address: _____

Preferred Method of Contact: _____ Email _____ Fax *(Please check one)*

Signature of New Owner: _____

Date

The following must accompany this form:

1. W-9 Request for Taxpayer Identification Number and Certification (attached)
2. Copy of Closing/ Settlement Statement or a certified copy or copy of the deed with an Affidavit of Ownership.

<i>For KMHA Use Only</i>	<i>Completed by:</i>	<i>Date:</i>
Deed Affidavit or Statement Received		
W-9 Confirmed		
New HAP Contract Printed		
Mailed		
System Entry		