

## Housing Choice Voucher Program HAP Payee Reassignment

**Instructions:**

1. Use this form for both the tenant-based and project-based Housing Choice Voucher (HCV) programs when there is a new HAP payee or a change in the current HAP payee's information.
2. If you have questions about this form contact: [tsmith@lynchburghousing.org](mailto:tsmith@lynchburghousing.org)

**Reason for Change.** Check one of the following to indicate the reason for the change in HAP payee.

- New HAP Payee, Change in Owner.** Provide a completed **Change of Ownership** form with all required attachments.
- New HAP Payee, Change in Agent or Updated Agent Information.** Provide a completed **Agent Authorization** form with all required attachments.
- Current HAP Payee with Updated Information.** Complete the table below with the information to be updated and provide the following documents as applicable:

Changed Information	New/Updated Information	Documents Required
1. Name Change		<ul style="list-style-type: none"> <li>• <b>Photo ID</b> showing owner's new name, and</li> <li>• <b>Social Security number (SSN)</b> verification showing owner's new name.</li> </ul>
2. Business Name		<ul style="list-style-type: none"> <li>• <b>Legal documents</b> showing the business' name change.</li> </ul>
3. Banking information		<ul style="list-style-type: none"> <li>• <b>Direct Deposit</b> form, completed and with required attachments.</li> </ul>
4. SSN or Employer Identification Number (EIN)		<ul style="list-style-type: none"> <li>• <b>SSN or EIN</b> verification, or</li> <li>• <b>IRS Form W-9</b>, completed (<a href="https://www.irs.gov/pub/irs-pdf/fw9.pdf">https://www.irs.gov/pub/irs-pdf/fw9.pdf</a>).</li> </ul>
5. Email address		N/A
6. Phone number		N/A
7. Business address		N/A

**Owner Information.** In this section, enter the owner's information. Please print or type clearly.

Owner Name:	Vendor ID:
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**Unit Information.** In this section, identify the unit(s) with the change in HAP payee.

Complete this section to reflect all units where the change in HAP payee is being requested. Attach additional sheets as needed. Put an "X" in the box to designate whether the assisted tenants/units are covered under a Tenant-Based or Project-Based HAP Contract.

- Tenant-Based Program     Project-Based Program

#	Tenant Name (Head of Household)	Unit Address	Unit #	Tenant ID#
1.				
2.				

**Certification.** I hereby authorize the Lynchburg Redevelopment and Housing Authority (LRHA) to make the changes indicated on this form to the HAP payee and/or banking information.

Owner Signature:	Date:
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