



**CHANGE OF OWNERSHIP / MANAGEMENT FORM**



Owner Name \_\_\_\_\_

Owner Tax ID \_\_\_\_\_

Mailing Address \_\_\_\_\_

Owner Phone \_\_\_\_\_ Owner Email \_\_\_\_\_

**Tenant Names** \_\_\_\_\_

**Property Address** \_\_\_\_\_

Property Parcel # \_\_\_\_\_

Previous Owner Name \_\_\_\_\_

Date of Title Transfer \_\_\_\_\_ EDEN effective date \_\_\_\_\_

**PAYMENT INFORMATION if different than owner**

Payee Name (1099 recipient) \_\_\_\_\_

Payee Tax ID (1099 recipient) \_\_\_\_\_

Payee Mailing Address \_\_\_\_\_

Payee Phone \_\_\_\_\_ Payee Email \_\_\_\_\_

**IMPORTANT NOTICE**

**Prior to your acquisition of the property, EDEN may have paid a security deposit to the former property owner. Please be aware that if EDEN has paid any or all of the security deposit you will be responsible for returning the Security Deposit to EDEN when the tenant moves out.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form, along with the following documents, to EDEN for processing (can be submitted via mail, fax or e-mail – see footer):

- Completed W-9 form (1099 recipient)
- Direct Deposit Authorization
- Proof of Ownership and copy of Management Agreement if Management Company is agent for owner

HOUSING RESOURCE & DEVELOPMENT AGENCY  
7812 Madison Avenue, Cleveland, OH 44102 | (216)961-9690 | FAX (216)651-4066  
Shelter Plus Care FAX (216) 651-6692 | www.edeninc.org | edeninfo@edencl.org  
TDD/TTY: 1-800-545-1833, ext. 873



A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

