

**CITY OF COVINGTON HCV PROGRAM  
NOTIFICATION OF CHANGE IN MANAGEMENT**

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

Social Security/Tax ID Number: (N/A if already on file) \_\_\_\_\_

Property Owner Actual Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Property Owner Telephone Number: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Manager Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

