

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

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

Social Security/Tax ID Number: \_\_\_\_\_

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

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

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

Mailing Address/Manager Address: \_\_\_\_\_

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

Manager Telephone Number: (if applicable) \_\_\_\_\_

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

