



Please mail this form and all documentation to:

Housing Authority of St. Louis County  
Attn: Section Eight Owner Change  
8865 Natural Bridge  
St. Louis, MO 63121

Section 8 Owner# \_\_\_\_\_

**Change of Owner Information**  
**(Please complete the following)**

Owner Type:	<input type="checkbox"/> Individual	<input type="checkbox"/> Business
Social Security No:	_____	Tax I.D. No. _____
Last Name:	_____	First Name: _____ Middle Initial: _____
Business Name:	_____	
Address:	_____	City: _____ State: _____ Zip code: _____
Phone Number:	_____	Cell Number: _____ Fax Number: _____
E-Mail Address:	_____	Contact Person: _____

- Need actual street address, P.O. Boxes are not accepted in this section

**Owner/Manager:**

- Change of Address
- Add/Change Management Company – Provide copy of Management Agreement
- Remove Management Company
- Change of Ownership – Proof of Ownership required – Attach a copy of your Warranty Deed, Special Warranty Deed, Beneficiary Deed, Collector’s Deed (Recorder of Deeds Seal Required) PLEASE ALLOW THIRTY (30) DAYS FOR PROCESSING.

Please list the assisted family’s name, address and zip code (attach additional sheet if needed)

Client Name	Address	Zip code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
**Signature of Owner / Authorized Agent**

\_\_\_\_\_  
**Date**