



**Department of  
Social Services**

DSS-85 (E) 11/12/2024 (page 1 of 4)

## CHANGE IN PROPERTY OWNERSHIP

This form must be completed by the current owner, designated payee or managing agent and should be completed to report a change in building ownership and provide instructions for payment. These changes can also be reported through our website CurRentNYC.

Today's Date: \_\_\_\_\_

I am the:

• Current Property Owner: \_\_\_\_\_  
Name (*please print*)

• Current Designated Payee or Managing Agent: \_\_\_\_\_  
Name of Company and/or Contact Person (*please print*)

*If you are a representative of the owner completing this form on their behalf, you must also submit proof of your relationship to the owner or properties (e.g HPD registration)*

Please indicate the date this change went or will go into effect: \_\_\_\_\_

**SECTION A: PROPERTY INFORMATION.** Please list all properties to which the change applies.

**Property Addresses.** If there are additional properties, please attach a full list.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

(Turn page)

**CHANGE IN PROPERTY OWNERSHIP** *(continued)*

**SECTION B: OWNER.** Complete this section if you are the **new** owner of a property with tenants receiving any type of DSS rental assistance or if you are a representative of the new owner (payee or managing agent).

*Please note that a copy of the deed for the property or other proof of ownership must be attached. If the property has tenants participating in the CityFHEPS, SOTA or HOME-TBRA program, a W-9 must also be attached.*

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Owner Legal Name *(please print)*

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Owner Contact *(required when owner is an LLC or corporation)*

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Owner Mailing Address

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Owner Contact Email

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Owner Contact Telephone

Is the Owner also the Payee? ☐ YES ☐ NO

*If YES, please skip to SECTION D. If NO, please continue to SECTION C.*

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**SECTION C: DESIGNATED PAYEE**

Please select one: ☐ Owner is the Payee ☐ Owner is designating someone else as the Payee

Please complete this section if the Owner is designating someone else as the Payee

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Designated Payee Name *(please print)*

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Designated Payee Contact *(required when payee is an LLC or corporation)*

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Payee Mailing Address

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Payee Email

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Payee Telephone

(Turn page)

**CHANGE IN PROPERTY OWNERSHIP** *(continued)***SECTION C: DESIGNATED PAYEE** *(continued)*

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Please be advised that I \_\_\_\_\_  
Owner or Owner Representative Name *(please print)*

hereby authorize \_\_\_\_\_  
Payee Name *(please print)*

to receive payment for the properties listed on the previous page.

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

**SECTION D: PAYMENT METHOD AND DETAILS**

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**I prefer to be paid:**

- ☐ **Electronically – Register for electronic payments online through NYC DSS' website:  
CurrentNYC for Landlords**

*Please note that the bank account must belong to the designated payee and a voided check or other bank document that includes the account holder's name, account number and routing number must be provided, and may be required for verification purposes.*

- ☐ **By Paper Check –**

- Is the mailing address to which paper checks should be sent the same as the payee mailing address on the previous page?
- If NO, please specify the mailing address to which paper checks should be sent, if different from the previous page.

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

**Please return the completed form:**



**By Mail:** Office of Central Processing  
PO Box 02-9121  
Brooklyn GPO  
Brooklyn, NY 11202-9914



**By E-Mail:** [HPALandlordMGMT@hra.nyc.gov](mailto:HPALandlordMGMT@hra.nyc.gov)

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## CHANGE IN PROPERTY OWNERSHIP *(continued)*

### SECTION E: AUTHORIZED SIGNATURE

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I, \_\_\_\_\_  
Owner or Owner Representative Name *(please print)*

confirm that the information I have provided on this form is accurate, and I am authorized to make the changes requested on this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date