



### Change of Payee for CityFHEPS Payments

The person who completes this form must be either:

- 1. The managing agent;
  - 2. The person who signed the original "CityFHEPS Landlord Information Form";
- OR**
- 3. The current owner.

<b>1. Tenant Information</b>
Name: _____ Program Type: _____ Address: _____
<b>2. Change of Payee Reason and Effective Date</b>
Reason for Payee Change (check which box applies): <input type="checkbox"/> Change in ownership (please provide bill of sale, deed, or other proof of ownership change, if not provided already) <input type="checkbox"/> Change in Management (please provide the following if different from the payee information below): Management Company Name: _____ Address: _____ Apt. or Suite #: _____ City: _____ State: _____ Zip Code: _____ <input type="checkbox"/> Other: Please explain reason for payee change. _____ _____ Effective Date of Payee Change: _____
<b>3. Payee Name (checks will be made payable to the designated payee on behalf of the owner)</b>
Payee Name: _____
<b>4. Payee Information</b>
Name of Contact Person (if Payee is an Entity): _____ Email: _____ Phone #: _____

**5. Mailing Address for Checks**

Address: \_\_\_\_\_ Apt. or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**6. Payee's Mailing Address (if different from *Mailing Address for Checks* above)**

Address: \_\_\_\_\_ Apt. or Suite #: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**7. Landlord Statement**

Complete and sign the statement below:

Please be advised that I \_\_\_\_\_, hereby authorize  
(print landlord name)

\_\_\_\_\_ to receive payment for the apartment  
(print payee name)

located at: \_\_\_\_\_  
(print full address)

for the above-referenced tenant.

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

Landlord Signature: \_\_\_\_\_