



INDEPENDENCE HOUSING AUTHORITY

PAYEE NAME CHANGE

Please complete this form if making changes from an individual to a corporation or LLC or from corporation or LLC to another corporation or LLC. Please keep in mind that we will need a copy of the TIN# that was assigned to you from the Internal Revenue Service (IRS).

Current Payee Name: _____ SSN / TIN: _____

New Payee (i.e. LLC) : _____ NEW SSN / TIN: _____

Address: _____

Email: _____ Telephone : _____

HAP Check Payable To: _____

HAP Check Mailing Address: _____

Effective Date of Change: _____

Please list the addresses of affected properties:

THE 1099-MISC WILL BE SENT TO THE HAP PAYEE !!!

Owner Signature

Date

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