



OWNER/AGENT NAME CHANGE

Date: _____

Tenant Name: _____

Unit Address: _____

Change is for (check all that apply): _____ Checks _____ Correspondance

Current Information

Owner/Agent Name: _____

C/O: _____

Phone/Email: _____

Tax ID #: _____

(Required in order to process change)

*If the new name does not match the current tax identification number (TIN), then a new form W9 will need to be submitted along with this form. W9 forms are available on the HATC website.

New Information

Owner/Agent Name: _____

C/O: _____

Tax ID # (if applicable): _____

Phone/Email: _____

Effective Date of Change: _____

Owner/Agent
Signature: _____

Send form to: Housing Authority of Thurston County, 1206 12th Ave. SE, Olympia, WA 98501
or email to MelissaW@hatc.org

For HATC Staff

Entered By: _____

Approved By: _____