

## REQUEST TO CHANGE OWNERSHIP

To request a change, the owner must upload the request form to the Procorem work center. Upload to the following folder: Allocation> Waivers and Requests.

|                             |                            |
|-----------------------------|----------------------------|
| <b>Property Name:</b>       | <b>Procorem #:</b>         |
| <b>Address:</b>             | <b>Year of Allocation:</b> |
| <b>Number of Buildings:</b> | <b>Number of Units:</b>    |

In compliance with our Restrictive Use Covenant for the Housing Tax Credit Program, we request permission from KHRC to change ownership at the above-named property.

**This form is to request a change from the ownership as listed on the Forms 8609, which INCLUDES a change to the TIN. The below information also documents the authorized signer for the Annual Owner's Certification of Continued Program Compliance (due to KHRC March 15<sup>th</sup> each year).**

Requested/anticipated effective date of the change: \_\_\_\_\_

**CURRENT Ownership:**

|                      |  |
|----------------------|--|
| Legal Name:          |  |
| Ownership Address:   |  |
| Point of Contact:    |  |
| Phone Number:        |  |
| Email Address:       |  |
| TIN on current 8609: |  |

**NEW Ownership:**

|                    |  |
|--------------------|--|
| Legal Name:        |  |
| Ownership Address: |  |
| Point of Contact:  |  |
| Phone Number:      |  |
| *Email Address:    |  |
| <b>NEW TIN:</b>    |  |

**It is the duty of BOTH parties to determine who is responsible for submitting the Annual Report and Compliance Fee for the year the change occurred. It is also the duty of BOTH parties to determine who is responsible for responding to any current/pending notices issued by KHRC (i.e. Files Inspections, Physical Inspections or Annual Report 60 day notices, Casualty Loss Events, Tenant Complaints/Concerns, etc.) The email provided is the one that will be used for access to the Procorem work center.**

\_\_\_\_\_  
Current Owner's Signature

\_\_\_\_\_  
Printed Name Date

**KHRC Approval:**

\_\_\_\_\_  
Director, Housing Development Date

\_\_\_\_\_  
Director, Housing Compliance Date