REQUEST TO CHANGE MANAGEMENT COMPANY

*Any LIHTC or HOME only development must obtain **PRIOR** approval from KHRC before changing management companies. Requests submitted with less than 30 days' notice may incur a penalty. Proposed companies must meet experience criteria as outlined in the compliance manual and the QAP. To request a change, the completed form must be uploaded to the LIHTC Compliance work center to the following folder: Allocation> Waivers and Requests.*

Property Name & Procorem #: **Address:**	**Owner's Name & Address:**
Proposed Management Company's Name & Address:	**Prior Management Company's Name and Address:**

Requested/anticipated effective date of the change: _____

Property Type (Check all that apply): Low Income Housing Tax Credit (LIHTC) _____ Bond _____ KS Affordable Housing Tax Credit (KAHTC) _____ HOME Units _____ National Housing Trust Fund (NHTF) _____

This property is in year 16 or later of the Low Income Housing Tax Credit Program: _____ Yes _____ No

NEW staff that need added to the property's Procorem work center:

Name:	Title:	Phone Number:	Email Address:

PLEASE BE AWARE OF THE FOLLOWING:

It is the duty of BOTH companies and the owner 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 companies to determine who will respond 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.)

PROCOREM ACCESS:

KHRC will add the staff listed above to the work center based on the effective date provided on the form. To accommodate the needs of both the old and new company, KHRC will wait to remove individuals from the old management company until we have been notified via post of who should be removed. Additional users can be added to the work center at any time.

MANAGEMENT EXPERIENCE INFORMATION:

Please provide KHRC with the names of three other LIHTC properties managed within the state of Kansas along with the date the requested management company began managing. If none, please put N/A and complete the next chart.

Property Name:	**Managing since: (MM/DD/YY)**

If the proposed company does not manage three LIHTC properties in Kansas, please provide KHRC with the names of seven LIHTC properties managed outside the state of Kansas along with other requested information on the following chart.

Property Name:	**Property Address:**	**Number of LIHTC Units:**	**Property is currently in what year of the LIHTC extended use agreement:**	**Managing since: (MM/DD/YY)**

Owner's Printed Name: *If the management change includes an ownership change, this box should be completed by the new/proposed owner.	**Signature and Date:**
Contact Phone #:	**Email Address:**

Point of Contact for Proposed Company (Printed Name):	**Signature and Date:**
Contact Phone #:	**Email Address:**

Approved: _____ Yes ____ No _____

Director, Housing Compliance Division **Date**

Additional information may be required to obtain approval. If experience requirements are not met, additional options for approval may be available as outlined in the QAP or Compliance Manual.

Note: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statement or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.