



**Please mail this form and all documentation to:**

St Charles County Housing Assistance Program

Attn: Housing

815 Bus Hwy 61 N

Bowling Green MO 63334

Email: [Housing@necac.org](mailto:Housing@necac.org) Fax: 573-324-6634

**Change of Owner Information  
(Please complete the following)**

|                     |                                     |   |
|---------------------|-------------------------------------|---|
| Owner Type:         | <input type="checkbox"/> Individual | <input type="checkbox"/> Business       |
| Social Security No: | _____                               | Tax ID No: _____                        |
| Last Name:          | _____                               | First Name: _____ Middle Initial: _____ |
| Business Name:      | _____                               |   |
| Address:            | _____                               | City: _____ Zip Code: _____             |
| Phone No:           | _____                               | Cell No: _____ Fax No: _____            |
| Email Address:      | _____                               | Contact Person: _____                   |

**Owner/Manager:**

Change of Address

Add/Change Management Company – Provide copy of Management Agreement

Remove Management Company

Change of Ownership – Proof of Ownership required – Attach a copy of your Warranty Deed, Special Warranty Deed, Beneficiary Deed, Collector’s Deed (Recorder of Deeds Seal Required)

**PLEASE ALLOW THIRTY (30) DAYS FOR PROCESSING.**

Please list the assisted family’s name and address information (attach additional sheet if needed).

| Family Name | Address, City, Zip |
|-------------|--------------------|
| _____       | _____              |
| _____       | _____              |
| _____       | _____              |

\_\_\_\_\_  
Signature of Owner/Authorized Agent

\_\_\_\_\_  
Date