



Please mail this form and all documentation to:

Lincoln County Public Housing Agency (LCPHA)

Attn: Housing

815 Bus Hwy 61 N

Bowling Green MO 63334

Email: Housing@necac.org Fax: 573-324-6634

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

Owner Type: _____ Individual		_____ 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