



Elaine Gimmel, Executive Director

Change of Ownership/Management Form

Owner Name: _____

Owner Tax ID: _____

Mailing Address: _____

Owner Phone: _____ Owner Email: _____

Tenant Names: _____

Property Address: _____

Property Parcel #: _____

Previous Owner Name: _____

Date of Title Transfer: _____ EDEN Effective Date: _____

PAYMENT INFORMATION if different than owner

Payee Name (1099 Recipient): _____

Payee Tax ID (1099 Recipient): _____

Payee Mailing Address: _____

Payee Phone: _____ Payee Email: _____

IMPORTANT NOTICE

Prior to your acquisition of the property, EDEN may have paid a security deposit to the former property owner. Please be aware that if EDEN has paid any or all of the security deposit, you will be responsible for returning the security deposit to EDEN when the tenant moves out.

Signature: _____ Date: _____

Please submit this form, along with the following documents, to EDEN for processing (can be submitted via mail, fax, or email – see footer):

- Completed W-9 form (1099 recipient)
- Direct Deposit Authorization
- Proof of Ownership and copy of Management Agreement if management company is agent for owner

HOUSING RESOURCE & DEVELOPMENT AGENCY
7812 Madison Avenue, Cleveland, OH 44102 (216)961-9690 FAX (216)651-4066
Shelter Plus Care FAX (216) 651-6692 www.edeninc.org info@edeninc.org
TDD/TTY: 1-800-545-1833, ext. 873

A Contract Agency of the Alcohol, Drug and Mental health Services Board of Cuyahoga County

