

Landlord Information Change Request (If received after the 15th, will be processed the following month)

p 407.365.3621 • f 407.359.2576 • 662 Aca	ademy Place • Ov	riedo, FL 32765	SCH/	Afla.org 合 ငံ 🛈
Please read and complete this form in its entirety. Failure to do so will result in a delay in your request being processed.				
Change of Ownership requires proof of ownership, ID and W9. Change of Management Company/Agent requires new agent agreement, W9 and Photo ID of new agent.				
lf requesting a new set up or any changes to your direct deposit, please complete the Direct Deposit Authorization Form and return it with a voided check.				
I, print name	an	n requesting the fo	llowing informatio	n to be updated:
 Please check all that apply: Change of Tax ID Number (Required to the second secon	W9, Proof of		lress one Number ail address	
Ownership Information	Complete if	requesting a Chan	ge in Contact Info	rmation
Name of OLD Owner/Agent The new Owner/Agent for the unit or Street Name & Number	Name of NEW C	-	Tax ID or Sou	cial Zip
Contact Information	-	requesting a Chan	ge in Contact Info	
Mailing Address:			8 -	
Street Name & Number	City		State	Zip
Daytime Phone				
Email				
SCHA no longer issues paper checks You must sign up for direct deposit.				
Print Name		🗆 A	gent/Manager 🛛 Owi	ner (select one)

If new agent, a signed management agreement must be attached to this request.