



Date: _____

CHANGE OF OWNERSHIP REQUEST

New Owner's Name: _____

New Owner's Company Name: (if applicable) _____

Management Company: (if applicable) _____

New Owner's Complete Address

Address: _____

City: _____ State: _____ Zip: _____

New Owner's Phone Number

Home: _____ Cell: _____

New Owner's Email Address: _____

Tenant Name: _____

Property Address

Address: _____

City: _____ State: _____ Zip: _____

Previous Owner's Name: _____

- Please complete this form and return to RI Housing, Attn: HCVP, 44 Washington Street, Providence, RI 02903 or fax to (401) 457-1141.
- Once received a New Owner Agreement will be mailed, along with required documents needed to process the request.