

Housing Choice Voucher Landlord
Certification of Change in Ownership

Address of Assisted Unit(s)
(If more than one unit, please list on the back of this page)

Please initial each line.

_____ I certify that I am the new legal owner or the legally designated agent for the above referenced unit(s), and the prospective tenant(s) have/has no ownership interest in the dwelling unit.

_____ I am in agreement to fully comply with the terms of the HAP contract.

_____ I certify that I am not a prohibited relative (parent, child, grandparent, grandchild, or sibling) of any member of the family/families.

_____ I understand that if I do not agree to the assignment of the HAP contract or fail to provide all necessary documentation, the PHA will terminate the HAP contract.

The new owner must provide the following documentation and information to the PHA before any HAP payments will be released. You may attach it to this document. Please check all that are attached.

- Copy of the escrow statement or other document showing the transfer of the title and recorded deed;
- Copy of the new owner's IRF Form W-9, Request for Taxpayer Identification Number and Certification, or the Social Security Number of the new owner;
- Effective date of HAP contract assignment: _____

Signature of Landlord/Agent

Date