

ASSIGNMENT OF CONTRACT

Current Owner/Management Agent: _____ ***For RHA use only*
***Owner's No.* _____

Tenant's Name: _____ ***HAP No.* _____

Tenant's Address: _____

I hereby request a change in the assignment of the Housing Assistance Payment contract for the above referenced unit to be effective ____/____/____.

The reason for the assignment of contract change is _____.

New Owner/Management Name: _____ ***Owner's No.* _____

(Agent Name/ Contact Person: _____)

New Owner/Management Address: _____

New Owner/Management Telephone Number: (____) _____ - _____

Alternate contact information (email, fax, alt #): _____

New Owner/Management Agent Signature: _____ Date: _____

The following requested verification must be attached to this form in order to be processed:

- **Proof of sale or transfer of property**
- **W-9 form (completed by New Owner/Management company)**
- **Copy of signed management contract between Owner and Management company (If applicable)**

******* Remember: It is the responsibility of BOTH the Current and New Owner/Managements to communicate and share RHA correspondence. (ex: inspection information, rent adjustments, ect.)***

Current Owner/Management Agent Signature: _____ Date: _____

For Housing Authority Use ONLY

Approved: _____ Effective Date: _____

Not Approved: _____ Reason Not Approved: _____

Staff Signature Date

cc: Owners (Current and New)
Tenant

Updated: 1/14/09 LBD