

Transfer of Ownership and Assignment of Housing Assistance Payment Contract

I am requesting the St Clair County PHA to approve the transfer of the Housing Assistance Payment (HAP) Contract(s) for the units and tenants provided on attachment 1.

(Please check the appropriate box below. For purposes of this program a management company paid housing assistance payments will be considered the owner).

Change in Ownership

I have enclosed the following documents for approval:

- A copy of the escrow statement or other document showing the transfer of title and recorded deed;
- A copy of the owner's IRS Form W-9, Request for Taxpayer Identification Number and Certification, or the social security number of the new owner
- A current copy of the owner/management agreement (if applicable)

Change in Management Co

I have enclosed the following documents for approval:

- A copy of the owner's IRS Form W-9, Request for Taxpayer Identification Number and Certification, or the social security number of the new owner
- A current copy of the owner/management agreement

Every transfer of ownership for any assisted property on the Housing Choice Voucher (HCV) program must be approved by the St Clair County PHA. The effective date of the transfer of ownership will be the first of the month following PHA receipt of notification of the sale.

If approved, the transfer will be processed within 30 days of the PHA receiving all completed required documents. The PHA will not release any assistance payments until the first of the month following PHA approval.

It is the responsibility of the sellers to provide the buyer with a copy of the lease and Housing Assistance Payment (HAP) Contract. It is also the seller's responsibility to notify the buyer of any pending issues related to the property and tenant (ie. scheduled inspections, deficiency lists, HAP abatements, notice to vacates).

I agree to be bound by and comply with all terms of the current lease and HAP contract in effect.

Signature of Owner/Management Co

Date

Attachment 1

Transfer of Ownership and Assignment of Housing Assistance Payment Contract

Listed below are all of the voucher assisted tenants currently residing at the property or properties where the change of ownership/management has occurred. If you have more than 10, please make copies of this page.

#	Tenant Name	Property Address	Unit
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I certify that the owner (including a principal or other interested party) is not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless the PHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

Signature of Owner/Management Co

Date

OWNER/MANAGEMENT COMPANY INFORMATION

Owner Information:

Name: _____

Address: _____

Phone Number: _____

Email: _____

Tax ID: _____

Management Co Information:

Name: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email: _____

Tax ID: _____

HAP Check Payable To & 1099 Recipient:

_____ Owner _____ Management Co.

Owner/Management Co. Signature

Date