

## **Change of Ownership and HAP Contract Transfer**

| Today's Date :                           | Date Property acquired:  |
|--|--|
| Address of Property:                     |  |
| 1 7                                      | (If multiple properties use separate form for each property)   |
| Ι,                                       | certify I am the new owner manager of the above referenced property that is idized through the Kingsport Housing & Redevelopment Authority Housing Choice Voucher program  |
| currently being subs                     | idized through the Kingsport Housing & Redevelopment Authority Housing Choice Voucher program  |
|  | accept the terms and conditions of the current lease and the Housing Assistance Payments Contract as ned them originally. <b>OR</b>  |
| Enclosed is                              | s the rental agreement/lease between new owner and tenant that includes the following changes:   |
| Length of lea                            | se term changed to:  |
| Payment of u                             | tility changed to:   |
|  | s:   |
|  | nust include reference to HUD addendum. Suggested wording: "HUD tenancy addendum is ease". Changes in lease terms require a re-write of the HAP contract.  |
| Attached are the foll have been provided | owing required documents. I understand no payments will be made to me until all documents  |
| If the pre                               | Ownership (Grant deed, or HUD-1 final settlement statement) evious owner is deceased the following proof of ownership is required: trust/court documents assigning new payee or Executor along with copy of death certificate. |
| Managen                                  | nent Agreement, if applicable  |
| · · · · · · · · · · · · · · · · · · ·    | have my owner tax ID on file with the Housing Authority.   |
| I do not l                               | nave an owner tax ID on file and am attaching the following:   |
| • 7                                      | W-9 Certification (can be obtained from <a href="www.IRS.gov/pub/irs-pdf/fw9.pdf">www.IRS.gov/pub/irs-pdf/fw9.pdf</a> )  |
| t  | Verification of tax ID number. This must originate from the IRS or SSA and show both the name of he individual/entity and the tax id number associated with that individual/entity.  Photo ID                                  |
| • I                                      | Housing Authority Direct Deposit Authorization Form  |
|  | <ul> <li>Voided Check (Deposit Slips are not acceptable)</li> </ul>  |
| - 41                                     | Name/Check Payable to:   |
| Owner/Agent:                             |  |
| Address:                                 |  |
| City, State, Zip:                        |  |
| Telephone Number:                        | Fax Number:  |
| Contact Person:                          | Owner/Agent Signature:   |

## **New Owner Certifications**

| Yes         | ☐ No              | 1.         | I am currently the legal owner or the legally designate  | ted agent for the unit to be rented.   |             |  |
|-------------|-------------------|------------|--|--|-------------|--|
| Yes         | ☐ No              | 2.         | The proposed rent is more than the rent charged for o  | comparable units in the same building.                                       |             |  |
| Yes         | No                | 3.         | I understand that when and if I would like to increase any rent changes from the Housing Authority. I furt informal payment arrangements with the tenant to co Housing Authority.  | her understand that I may not establish                                      | any         |  |
| Yes         | ☐ No              | 4.         | Does any member of the tenant's household have any ownership interest (listed on the deed, beneficiary, trustor, trustee, etc.) in this property?  |  |             |  |
| Yes         | ☐ No              | 5.         | The ownership of the unit to be rented is held in trus   | t.   |             |  |
| Yes         | ☐ No              | 6.         | I live on / at the same property as the unit listed on the dwellings.  | nis request, and the property has multip                                     | ile         |  |
| Yes         | ☐ No              | 7.         | I live in (or plan to live in) a shared housing situation Housing Authority.   | a with a Section 8 tenant, as approved 1                                     | by the      |  |
| Yes         | ☐ No              | 8.         | The owner(s) and $\/$ or an immediate family member member or officer of the Housing Authority.  | of the owner(s) is a present or former                                       |             |  |
| Yes         | ☐ No              | 9.         | The owner(s) and $\/$ or an immediate family member subcontractor, or agent of the Housing Authority.  | of the owner(s) is an employee, contract                                     | ctor,       |  |
| Yes         | ☐ No              | 10.        | The owner(s) and / or an immediate family member of a governing body or state or local legislator.   | of the owner(s) is a public official, men                                    | mber        |  |
| Yes         | ☐ No              | 11.        | The owner(s) and $\/$ or an immediate family member of the United States.  | of the owner(s) is a member of the Con                                       | ngress      |  |
| Yes         | ☐ No              | 12.        | The owner(s) is the parent, child, grandparent, grand<br>step-parent, step-grandparent, significant other, or re<br>the tenant's family? Relation by adoption is included  | lated in any way to the tenant or a men                                      |             |  |
|             |                   |            | *If the Property Owner is a relative of any memb<br>to rent a unit from you, you cannot agree to rent a<br><u>prior</u> written authorization from the Housing Aut<br>can result in termination of assistance. Approval<br>disabilities under certain special circumstances. | the unit unless the family has receive thority. Failure to receive prior app | ed<br>roval |  |
| Yes         | No                | 13.        | The above referenced property receives on-going subgovernment source such as HUD, receives state or lorestrictions (other than Section 8).   | ÷ :  |             |  |
| Yes         | ☐ No              | 14.        | The above referenced property's rents and/or rent inca court order. (If yes, please provide documentation  | · · · · · · · · · · · · · · · · · · ·  | aw or       |  |
| If yes to 1 | 2 <u>or</u> 13 ał | ove,       | please identify the source(s) and restriction(s):  |  |             |  |
| I Hereby    | Certify T         | <b>hat</b> | All Information Provided Above Is True, Correct,   | And Complete.  |             |  |
| _           |                   |            | ction 1001 of the United States Code states that a<br>y making false or fraudulent statements to any de  | • •  | -           |  |
| X           |                   |            |  |  |             |  |
| Print ()    | wner / A ge       | ent N      | ame Signature of Owner / Agent   | Phone Number   | Date        |  |