



"Equal Housing Opportunities"

6327 Rivers Avenue
North Charleston, SC 29406
Telephone: (843) 747-1793
Facsimile (843) 744-3466

LANDLORD CHANGE OF OWNER-AGENT

I understand and acknowledge the following:

1. I/We are required to provide proof of ownership prior to execution of Housing Assistance Payment (HAP) Contract. Acceptable documentation may include: a Real Estate Act of Sale; property deed or title (ONLY if the Unit address is on the property deed or title; or other acceptable legal documentation. Utility bills, insurance documents, or other such documents will not be considered sufficient evidence of ownership.
2. The HAP Contract will be executed in the format as indicated on the proof of ownership. Ownership by more than one individual will require execution of all parties or appropriate legal documentation such as power of attorney, which designates a single individual to act on behalf of all owners.
3. Designation of a management agent or other payee will be approved with appropriate legal documentation signed and notarized by all owners of the property.
4. NCHA will approve the assignment and transfer of a HAP Contract to a new owner at the request of an owner of record. The change of ownership will be processed upon written request accompanied by appropriate documentation showing the transfer of title and record deed or a last will and testament identifying of executor, along with a death certificate for the owner or record.

TO BE COMPLETED BY THE PREVIOUS OWNER/LANDLORD

In accordance with the provisions of the Housing Assistance Payments (HAP) Contract, please be advised that it is my intention to transfer the mentioned voucher holders and/or property/ies below:

1. Name of Tenant	5. Name of Tenant
2. Name of Tenant	6. Name of Tenant
3. Name of Tenant	7. Name of Tenant
4. Name of Tenant	8. Name of Tenant

Please be advised that it is my intention to transfer the above mentioned property/ies to:

Name of New Ownership/Landlord

The approval of this transfer is requested in order to facilitate the transfer effective _____
Accordingly, please direct payment(s) to the new owner as of this date. (Month, Date, Year)

Previous Owner/Landlord's Printed Name

Signature

Phone Number

TO BE COMPLETED BY THE NEW OWNER/LANDLORD

As the new owner, I accept the terms and conditions of the (HAP) Contract(s) and lease(s) mentioned above. I have also completed a W-9 to confirm the receiving of the HAP payments.

New Landlord/Owner's Printed Name

Signature

Phone Number

Business address of New Landlord/Owner

City, State, Zip

Date