



We know the way home.

Change of Ownership/Payee Form
Re-assignment of HAP Contract

Attention: Current Releasing Owners or Payees and New Landlords, Property Owners, or Management Companies.

Welcome to Housing Works. Thank you for allowing our families an opportunity for success in your rental property.

Enclosed are the change of ownership/payee forms, which are required in order for Housing Works to submit the Housing Assistance Payments on behalf of your new tenant. *We must have signatures from both the releasing party and the new payee on these forms.* **Please have both parties sign and return all forms in one packet.** The forms may be returned by fax, if necessary.

Please review all forms and fill them out completely. We must have the completed forms returned to our office **no later than the 25th** of the month in order to process the payment change for the upcoming month.

Please feel free to contact us anytime if you have concerns or questions.

We look forward to working with you.

Sincerely,

The Housing Choice Voucher Team

405 SW 6th Street
Redmond, OR 97756
Phone (541) 923-1018
Fax (541) 923-6441



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Current Owner Release Form

ASSIGNMENT OF LEASE AND HOUSING ASSISTANCE PAYMENTS (HAP) CONTRACT (change of ownership or management)

This agreement changes the Housing Choice Voucher Lease and Housing Assistance Payments Contract in that it **assigns the monthly payment to a new owner** and/or property manager or modifies a current payment. This agreement does not change any other aspect of the assisted lease and contract.

FULL NAME AND ADDRESS OF CURRENT TENANT(S):

RELEASING OWNER/PROPERTY MANAGEMENT NAME (please print)

I, _____

relinquish my right to the Housing Assistance Payment (HAP) received on behalf of the above named tenant(s) and household. The payment should be directed to the Party listed on the following form.

RELEASING PAYEE'S Signature

Date

Effective Transfer Date

Company Name, if applicable

Address

City

State

Zip

Phone

Fax

This form must be submitted with the attached NEW OWNER FORM. The packet must include both signed forms in order to complete the change of ownership process. They must be submitted together. Please do not send them to us individually.

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New Owner Form

To be completed by the new
Owner/Payee/Landlord/Manager/Representative

FULL NAME AND ADDRESS OF CURRENT TENANT(S):

New Owner Address

Name/Company: _____

Attn: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____ Fax: _____

If payment is being issued to someone other than the above listed owner, please include correspondence name, payment and mailing address

Name: _____

Contact: _____

Address 1: _____

Address 2: _____

City, State, Zip: _____

Phone: _____

The attached W-9 should be completed by the person/business receiving payment from Housing Works and claiming the income on their taxes. Please complete and return the attached W-9. We must have a W-9 form on file in order to issue HAP checks to you.

I certify that the above information is true and correct to the best of my knowledge. If any change in this information occurs I agree to report it in writing to the Housing Works office. By signing below I also agree to be bound by and comply with the terms of the Housing Assistance Payment (HAP) contract. Copy provided upon request.

Signature

Phone number

Printed name of New Owner/Landlord

Fax number

Printed name of Owner Representative

E-Mail address

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