



Housing Assistance Payments (HAP) Contract Amendment New Owner Assignment or Change in Payment Instructions

Tenant Name: _____ Client # _____

Contract Unit Address: _____

SECTION I:

PLEASE CHECK **ONLY** THE INFORMATION TO BE CHANGED/ADDED:

<input type="checkbox"/> Ownership of Unit (Attach W-9 and copy of recorded Deed)	<input type="checkbox"/> Payee
<input type="checkbox"/> Property Management of Unit Attach Management Agreement or Agent Authorization Statement (if payee/tax ID changes, please attach W9 from new payee)	<input type="checkbox"/> Address
	<input type="checkbox"/> Phone Number/ Email
	<input type="checkbox"/> Name

COMPLETE THIS SECTION FOR CHANGES OF OWNERSHIP:

Effective date of HAP Contract assignment: _____
 1st of the month *following* submission of complete documentation. If the next scheduled payment has already been issued to the previous owner at the time we receive the necessary documents, the new owner is responsible for obtaining the payment from the previous owner. OHA reserves the right to assign the effective date, based on receipt of complete documents.

Section II: Legal Owner Information (Names must match Grant Deed)

Legal Owner Name(s): _____

Tax ID/ SSN (must match tax ID/SSN on W-9 form, if payee): _____

Drivers License or State ID **State:** _____ **License/ ID Number:** _____

Owner's Residence Address (No PO Box or Work Address): _____

City: _____ **State:** _____ **Zip:** _____

Owner Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Owner Phone Number: _____ **Fax Number:** _____

Email Address: _____

Section III: Agent/ Manager Information (Agent/Management Agreement must be provided)

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Tax ID/ SSN (Required if payee & must match tax ID/SSN on W-9 form): _____

Agent Phone Number: _____ **Fax Number:** _____

Email Address: _____

Section IV: Payment and Correspondence Designation

Housing Assistance Payments should be made payable to: Owner Agent
 (Tax ID or Social Security Number of Payee must be on form and W9)

Correspondence should be mailed to: Owner Agent

Owner Certification:

By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) Contract. I authorize the Oakland Housing Authority to issue payments according to the information shown above. By signing below, I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless OHA 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 Legal Owner: _____ **Date:** _____

You may submit the completed form and accompanying documents by:
Fax: (510) 874-1568 Attention: Ownership Change
Mail or Drop-in: Oakland Housing Authority 1619 Harrison Street, Oakland, CA 94612
Email: ownerservices@oakha.org Subject Heading: Ownership Change