



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 changes 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 25<sup>th</sup> 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 6<sup>th</sup> Street  
Redmond, OR 97756  
(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):

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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.

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RELEASING PAYEE'S Signature

Date

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Effective Transfer Date

Company Name, if applicable

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Address

City

State

Zip

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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 Correspondence Address**

Name/Company: \_\_\_\_\_

Attn: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **HAP Check Address**

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

The attached W-9 should be completed by the person claiming rental 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.

### **1099 Address**

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Printed name of New Owner/Landlord

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Printed name of Owner Representative

\_\_\_\_\_  
E-Mail address

This must be turned in with the Releasing Owner Form and the W-9. **All forms must be complete and submitted together.** Please do not submit them individually.

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