

Change of Ownership and HAP Contract Transfer

Today's Date :	Date Property acquired:			
Address of Property:				
1 2	(If multiple properties use separate form for each property)			
I,	certify I am the new owner manager of the above referenced property that is arough the Jacksonville Housing Authority Section 8/ Housing Choice Voucher Program.			
I agree to accept the if I had signed ther	e terms and conditions of the current lease and the Housing Assistance Payments Contract as n originally. OR			
Enclosed is the ren	tal agreement/lease between new owner and tenant that includes the following changes:			
Length of lease ter	ease term changed to:			
Payment of utility	changed to:			
Other changes:				
	ude reference to HUD addendum. Suggested wording: "HUD tenancy addendum is Changes in lease terms require a re-write of the HAP contract.			
Attached are the following r have been provided.	equired documents. I understand no payments will be made to me until <u>all</u> documents			
If the previous or	hip (Grant deed, or HUD-1 final settlement statement) where is deceased the following proof of ownership is required: art documents assigning new payee or Executor along with copy of death certificate.			
Management Ag	reement, if using a property management company or other authorized representative			
	y owner tax ID on file with the Housing Authority.			
I do not have an	owner tax ID on file and am attaching the following:			
• W-9 Cer	tification (can be obtained from www.IRS.gov/pub/irs-pdf/fw9.pdf)			
	ion of tax ID number. This must originate from the IRS or SSA and show both the name of idual/entity and the tax id number associated with that individual/entity.			
•	Authority <u>Direct Deposit Authorization Form</u> Voided Check (Deposit Slips are not acceptable)			
Name/Check Payable to: Owner/Agent:				
Address:				
	Fax Number:			
Contact Person:	Owner/Agent Signature:			

^{**} Please complete the New Owner Certifications on the reverse of this form**

New Owner Certifications

☐ Yes	☐ No	1.	I am currently the legal owner or the legally designated agent for the unit to be rented.
Yes	☐ No	2.	The proposed rent is more than the rent charged for comparable units in the same building.
Yes	□ No	3.	I understand that when and if I would like to increase the rent charged for the unit, I must request any rent changes from the Housing Authority. I further understand that I may not establish any informal payment arrangements with the tenant to collect additional rent not approved by the Housing Authority.
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 trust.
Yes	☐ No	6.	I live on / at the same property as the unit listed on this request, and the property has multiple dwellings.
Yes	☐ No	7.	I live in (or plan to live in) a shared housing situation with a Section 8 tenant, as approved by the Housing Authority.
Yes	☐ No	8.	The owner(s) and / or an immediate family member of the owner(s) is a present or former member or officer of the Housing Authority.
Yes	☐ No	9.	The owner(s) and / or an immediate family member of the owner(s) is an employee, contractor, subcontractor, or agent of the Housing Authority.
Yes	☐ No	10.	The owner(s) and / or an immediate family member of the owner(s) is a public official, member of a governing body or state or local legislator.
Yes	☐ No	11.	The owner(s) and / or an immediate family member of the owner(s) is a member of the Congress of the United States.
Yes	□ No	12.	The owner(s) is the parent, child, grandparent, grandchild, sister, brother, aunt, uncle, cousin, step-parent, step-grandparent, significant other, or related in any way to the tenant or a member of the tenant's family? Relation by adoption is included in this definition.
			*If the Property Owner is a relative of any member of the HCV (Section 8) family wanting to rent a unit from you, you cannot agree to rent the unit unless the family has received <u>prior</u> written authorization from the Housing Authority. Failure to receive prior approval can result in termination of assistance. Approval may only be granted for persons with disabilities under certain special circumstances.
Yes	□ No	13.	The above referenced property receives on-going subsidy (other than Section 8) from a government source such as HUD, receives state or local funding, and/or has affordability restrictions (other than Section 8).
Yes	□ No	14.	The above referenced property's rents and/or rent increases are controlled or restricted by law or a court order. (If yes, please provide documentation.)
If yes to	12 <u>or</u> 13 a	bove	, please identify the source(s) and restriction(s):
I Hereby	Certify 7	That	All Information Provided Above Is True, Correct, And Complete.
			ction 1001 of the United States Code states that any person would be guilty of a felony for ly making false or fraudulent statements to any department or agency of the United States.
X			
	Owner / Ag	ent N	ame Signature of Owner / Agent Phone Number Date