

Housing Choice Voucher Program

TRANSFER OF CONTRACT
HOUSING ASSISTANCE PAYMENT (HAP)

Contract Number: _____

Family Name: _____

Address: _____

Housing Assistance Contract (HAP) entered between Tallahassee Housing Authority and

_____ on _____
Previous Owner Date

Will be transferred effective: _____ to _____
Date New Owner

Address: _____

Tel No. _____

Tax I. D. _____

I have been briefed on PHA policy and I agree to comply with all the terms and conditions of the contract. The PHA has been provided with a copy of the executed agreement and I have been provided with a copy of the contract and lease.

New Owner Signature

Date

THA Signature

Date