



2931 Mission Street, Santa Cruz CA 95060-5709  
Ph: (831)454-9455, Fax: (831) 469-3712

## Change of Ownership and HAP Contract Transfer

Today's Date : \_\_\_\_\_

Date Property acquired: \_\_\_\_\_

Address of Property: \_\_\_\_\_

(If multiple properties use separate form for each property)

I, \_\_\_\_\_ certify I am the new \_\_\_\_ owner \_\_\_\_ manager of the above referenced property that is currently being subsidized through the Housing Authority of the County of Santa Cruz Housing Choice Voucher program.

I agree to accept the terms and conditions of the current lease and the Housing Assistance Payments Contract as if I had signed them originally. **OR**

Enclosed is the rental agreement/lease between new owner and tenant that includes the following changes:

Length of lease term changed to: \_\_\_\_\_

Payment of utility changed to: \_\_\_\_\_

Other changes: \_\_\_\_\_

Note: a new lease must include reference to HUD addendum. Suggested wording: "HUD tenancy addendum is incorporated in this lease". Changes in lease terms require a re-write of the HAP contract.

Attached are the following required documents. **I understand no payments will be made to me until all documents have been provided.**

Proof of Ownership (Grant deed, or HUD-1 final settlement statement)  
If the previous owner is deceased the following proof of ownership is required:  
Copy of trust/court documents assigning new payee or Executor along with copy of death certificate.

Management Agreement, if applicable and/or [Landlord Signature Authorization Form](#)

I already have my owner tax ID on file with the Housing Authority.  
ID# \_\_\_\_\_

I do not have an owner tax ID on file and am attaching the following:

- W-9 Certification (can be obtained from [www.IRS.gov/pub/irs-pdf/fw9.pdf](http://www.IRS.gov/pub/irs-pdf/fw9.pdf) )
- Verification of tax ID number. This must originate from the IRS or SSA and show both the name of the individual/entity and the tax id number associated with that individual/entity.
- Housing Authority [Direct Deposit Authorization Form](#)
  - Voided Check (Deposit Slips are not acceptable)

### Name/Check Payable to:

Owner/Agent: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ 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 or brother to the tenant or a member of the tenant’s family (\*tenant must receive prior written permission from Housing Authority).  
**\*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 prior 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 or 13 above, please identify the source(s) and restriction(s): \_\_\_\_\_

**I Hereby Certify That All Information Provided Above Is True, Correct, And Complete.**

**Warning – Title 18 section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.**

**X**  
 \_\_\_\_\_  
 Print Owner / Agent Name                      Signature of Owner / Agent                      Phone Number                      Date