



Housing Choice Voucher Program Change of Ownership

Please complete the attached Declaration of Ownership to show the current ownership and/or agent information.

Required forms and documents

- Proof of ownership (at least one of the following)
 - Deed
 - Title Insurance
 - HUD 1 Settlement Agreement
 - Management Agreement, if party other than owner will receive payment
 - Trust Agreement and Beneficiary information, if property is held in trust
- Management Agreement, if party other than owner will receive payment
- Lease or assignment of lease (if applicable)

Forms from NRHA

- Deposit Authorization Agreement for Direct Deposit (ACH Form) with voided check.
- W-9 completed with Payee information
- Landlord Certification Form

Upon receipt of the above documents, you will receive a Housing Assistance Payments Contract (HAP Contract). Please sign and return pages 2 and 3. Payments will begin after NRHA receives the signed HAP Contract.

NOTE: Other documents may be requested by NRHA

CONTRACT AND LEASE AGREEMENT AMENDMENT

Change of Ownership

This document serves as notice of a (select one): ☐ Change of Ownership ☐ Change of Management

For the following property or properties that participate in Norfolk Redevelopment and Housing Authority's HCV Program:

Street Address	Zip Code
Street Address	Zip Code
Street Address	Zip Code
For additional units complete a separate form.	

Reason for Change:

☐ Sale of Property ☐ Inheritance ☐ Foreclosure Company
☐ Quit Claim ☐ Receivership ☐ New Management: _____
Name of new management

New Property Owner Information:

Property Owner Name: _____

Property Owner Company (if applicable) _____

Mailing Address: _____
(Principal place of business where record will be kept)

Telephone: _____ Secondary Number _____

Email address: _____

Signature

Date





HCV LANDLORD CERTIFICATION

RE: Complete Address of Assisted Unit _____

City _____, State _____ Zip _____

Ownership of Assisted Unit: I certify that I am the legal or the legally designated owner/agent for the above referenced unit, and that the prospective tenant has no ownership interest in this dwelling unit whatsoever.

Approved Residents of Assisted Unit: I understand that the family members listed on the dwelling lease agreement as approved by NRHA are the only individuals permitted to reside in the unit. I also understand that I am not permitted to live in the unit while I am receiving housing assistance payments.

Housing Quality Standards: I understand my obligations in compliance with the Housing Assistance Payments Contract to perform the necessary maintenance so the unit continues to comply with Housing Quality Standards.

Tenant Rent Payments: I understand that the tenant's portion of the contract rent is determined by NRHA, and it is illegal to charge any additional amounts for rents or any other item not specified in the lease which has not been approved by the housing agency.

Reporting Vacancies to the Housing Agency: I understand that should the assisted unit become vacant, I am responsible for notifying the housing agency immediately.

Conflict of Interest: Refer to 24 CFR 982.161 to review the established written code of conduct for conducting business in accordance with core values and ethical standards. The referred regulation identifies individuals that are prohibited from entering a HAP contract with the PHA. I understand that I am not allowed to rent to a parent, child, grandparent, grandchild, sister, brother or any member of my family.

Administrative and Criminal Actions for Intentional Violations: I understand that failure to comply with the terms and responsibilities of the Housing Assistance Payments contract is grounds for termination of participation in the Housing Choice Voucher Program. I understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State Criminal law.

Signature of Landlord/Agent

Date

