



# Housing Assistance Payments (HAP) Contract Amendment New Owner Assignment or Change in Payment Instructions

Tenant Name(s): \_\_\_\_\_ Client(s) #: \_\_\_\_\_

Contract Unit Address: \_\_\_\_\_

I am a:  New Owner  Existing Owner

Have you had any property on the Section 8 Program in the past 3 years? YES  NO

**Section I: I WANT TO...**

- |  |  |
|--|--|
| <input type="checkbox"/> Report a change of ownership of unit<br>(Attach W-9 and copy of recorded Deed)  | <input type="checkbox"/> Change my Payee                         |
| <input type="checkbox"/> Change / Add Property Manager<br>Attach Management Agreement or Agent Authorization Statement<br>(If payee/tax ID changes, please attach W9 from new payee) | <input type="checkbox"/> Change / Update my address              |
| <input type="checkbox"/> Start a new contract on this unit   | <input type="checkbox"/> Change / Update my phone number / email |
| <input type="checkbox"/> Become a new owner on the Section 8 program   | <input type="checkbox"/> Report a name change                    |

**FOR CHANGES OF OWNERSHIP:**  
The effective date of the HAP Contract will be the 1<sup>st</sup> of the month following submission of complete documentation. If payment has already been issued to the previous owner, the new owner is responsible for obtaining the payment from the previous owner. If the previous owner has returned HAP payments to OHA, the new owner is responsible for notifying OHA. OHA will verify if these funds have been returned.

**Section II: Legal Owner Information** (Name(s) must match Grant Deed or Certified Final Closing Statement)

Legal Owner Name(s): \_\_\_\_\_ Vendor ID#   v  

If you have a Vendor ID, has your Tax ID/SSN changed? Check Yes or No

Tax ID/SSN (must match tax ID/SSN on W-9 form, if payee): \_\_\_\_\_

Drivers' License or State ID: State: \_\_\_\_\_ License/ID #: \_\_\_\_\_

Owner's Residence Address (No PO Box or Work Address): \_\_\_\_\_

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

Owner Mailing Address: \_\_\_\_\_

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

Owner Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

**Section III: Agent / Manager Information** (Agent / Management Agreement must be provided)

Agent / Company Name(s): \_\_\_\_\_ Vendor ID#   v  

If you have a Vendor ID, has your Tax ID/SSN changed? Check Yes or No

Tax ID/SSN (Required if Payee. Must match tax ID/SSN on W-9 form): \_\_\_\_\_

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

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

Agent Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Company website: \_\_\_\_\_

**Section IV: Payment and Correspondence Designation**

- Housing Assistance Payments should be made payable to:** (Check one)  
(Tax ID or Social Security Number of Payee must be on this form and W9) Owner  Agent
- Correspondence should be mailed to (Print Name & full Address if different from above):** (Check one)  
Owner  Agent

**Owner Certification:**  
By signing below, I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) Contract. I authorize the Oakland Housing Authority to issue payments according to the information shown above. By signing below, I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the family, unless OHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

**Signature of Legal Owner(s):** \_\_\_\_\_ **Date** \_\_\_\_\_

**You may submit the completed form and accompanying documents by Fax, Email or Mail:**

- Fax:** (510) 587-2131 Attention: Ownership Change.
- Email:** [ownerservices@oakha.org](mailto:ownerservices@oakha.org) Subject Heading: Ownership Change.
- Mail or Drop-in:** Oakland Housing Authority 1540 Webster Street, Oakland, CA 94612