



## Transfer of Housing Assistance Payment Contract

Be it known, that the Housing Assistance Payments Contract (HAP) for the following:

Tenant Participant Name	Voucher number	Effective Date
-------------------------	----------------	----------------

\_\_\_\_\_

entered into between the Walla Walla Housing Authority and the original owner/manager, is hereby transferred in its entirety to \_\_\_\_\_ as the new owner of the assisted subject property located at \_\_\_\_\_

All other provisions of the housing assistance payment (HAP) contract and addendum thereto remain in force until re- certification or termination of the contract occurs. Transfer of the housing assistance payment contract is effective as of \_\_\_\_\_.

Subsequent housing assistance payments will be issued to the new owner upon receipt of this form, the [IRS W9 Request for Taxpayer Identification](#) and WWHA's Authorization for Automatic Deposit.

_____ Original Owner's Signature	_____ Date
-------------------------------------	---------------

_____ New Owner's Signature	_____ Date
--------------------------------	---------------

_____ WWHA Representative Signature	_____ Date
--	---------------

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the housing authority.

