

Commissioners
Shawnelle Gross, Chair
Terri Sinnott-Chardukian, Vice Chair
Lester B. Wright, Jr., Treasurer
Charles LeMay, Commissioner
David O. Hughes, Commissioner

UNIT OWNERSHIP TRANSFER

_____ (Property Address)

_____ (Tenant Name)

The property located at _____, was transferred
(Property Address)
 from _____ to _____ on _____.
(Former Owner) (New Owner) (Date)

I, _____, agree to the provisions of the Housing Assistance
(New Owner)
 Payments Contract signed by: _____ on _____.
(Former Owner) (Date)

_____ (Former Owner's Signature) _____ (Date)

_____ (New Owner's Signature) _____ (Date)

_____ (Address) _____ (City) _____ (State) _____ (Zip)

_____ (Phone Number)

_____ (SSN or Taxpayer ID no. of new owner required)

If the new owner wants to appoint an agent for collection of rents, please state the agent's full name and address below. All KHA correspondence regarding the client will be sent to that agent.

