



ADDENDUM TO HAP CONTRACT: CHANGE OF OWNERSHIP OF PROPERTY

Ownership Information:

Owner(s) Name: _____
Mailing Address: _____
City _____ State _____ Zip _____
Phone () _____

Tax Information:

I (we) understand the Housing Assistance Payments (HAP) will be submitted to the IRS under the Name and Tax Identification on the attached (W9) and listed below:

Name _____ Tax ID
Number: _____
(Print clearly)

Check Information

Please make all checks payable to: Owner Agent /Management Company
(Please check one)

Name _____
Address _____
City/Town _____ State _____ Zip _____

I/We, _____, new owner(s) of the unit
leased to _____ at _____,

_____ under a Rental Assistance Program administered by Metro Housing|Boston hereby agree to honor the terms and conditions of the Housing Assistance Payment Contract for the above-named tenant and unit. In addition, I certify that no one with an ownership interest is the parent, child, grandparent, grandchild, sister or brother of any member of the participant family.

By: _____ Date _____