



TRANSFER OF OWNERSHIP & OBLIGATIONS – HOUSING CHOICE VOUCHER PROGRAM

Unit Address: _____

Tenant: _____

I agree as the new owner of the property listed above to accept all obligations under the terms of the Housing Assistance Payments Contract # _____ between the previous owner and Campbell County Department of Housing. I have read and signed the owner certification of responsibility form and agree to enforce the terms of my residential lease agreement. Campbell County Department of Housing will issue the housing assistance payment to the new owner in the amount stated below

Contract Rent \$ _____

Housing Assistance Payment \$ _____

Tenant Rent \$ _____

I also agree to accept all obligations under the current residential lease agreement between the previous owner and the above-mentioned tenant. I understand that the tenant has the same obligations to the new owner as he/she/they did to the previous owner and certify that I have obtained all relevant documents from the previous owner.

I acknowledge that I am not a parent, child, grandparent, grandchild, sister or brother of any member of the family residing at the above address.

I will begin to receive payment _____.

Any question(s) in regards to HAP issued prior to the above date will be resolved between the previous owner and myself. I have provided the following items to CCDH to process my transfer of ownership and obligations

- ☐ W9
- ☐ Direct Deposit Form
- ☐ Ownership Documentation
- ☐ Owner Certification of Responsibilities Form

Name

Mailing Address

Signature

Date

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at www.campbellcountky.gov. If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

