



TRANSFER OF OBLIGATION
HUD SECTION 8 HOUSING VOUCHER PROGRAM

I agree as the new owner of the property located at: _____
to accept all obligations under the Housing Assistance Payments Contract # _____ dated: _____
between the previous owner and Campbell County Department of Housing. I have read and signed the owner
certification of responsibility and agree to enforce the terms of my lease agreement. In turn, Campbell County
Department of Housing will make Housing Assistance Payments to the new owner in the amount stated in the
Contract for the rent of the assisted tenant(s):

Tenant(s): _____

HAP Payment: \$ _____

Tenant Payment: \$ _____

Contract Rent: \$ _____

I also agree to accept all obligations under the Assisted Lease Agreement between the previous owner and the
above-mentioned tenant(s). 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 lease and rent roll documents
from the previous owner.

I, _____, further acknowledge, as the current owner of the
property for which I am filling out this form, that I am not a prohibitive relative of any of the tenants of this property.
Prohibitive relative means; I am not the parent, child, grandparent, grandchild, sister or brother of any member
of the family, unless the PHA has determined (and notified the owner and the family of such determination) that
approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a
family member who is a person with disabilities.

I will begin to receive payment ____/____/____. Any question about money paid prior to that date will
be resolved between the previous owner and myself.

Print New Owner(s): _____

Signature(s): _____

Address: _____

IMPORTANT! Please print names of all owners or other persons having interest in the assisted property. An IRS W-9 form and Direct Deposit Authorization form must also be completed. When using a checking account for direct deposit our office requires a voided check for account verification. Documentation establishing ownership should also be attached. (i.e. settlement statement from sale of property). If you have a management agreement and would like CCDH to correspond with a representative of the management company, or if you would like to designate any other party as the contact for our office, please submit documentation accordingly.

Department of Housing Approval: _____ 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.campbellcountyky.org. 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.

