

**DEPARTMENT OF SOCIAL SERVICES
Section 8 Housing Choice Voucher Program**

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd., Building L
Pomona, New York 10970
(845)364-3330 Fax (845) 364-3222

Joan M. Silvestri
Commissioner

ASSIGNMENT OF HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT REQUEST FORM

New Owner Name:		Telephone:	
Owner Legal Address:			
Contact Person:		Email:	

Address of Assisted Unit(s)	Unit Number	Date of Sale

The Following Statements Are True:

- That I/we are not the parent, child, grandparent, grandchild, sister, or brother of any member of a family currently covered by the Housing Choice Voucher HAP contract referenced above. OR:
 - I/we are a close family relative of the assisted tenant; however, a Reasonable Accommodation has been requested.
- That i/we have not been debarred, suspended, or subject to a limited denial of participation under HUD regulations, 24, CFR, Part 24.
- That the federal government has not instituted legal action against me/us for violation of the Fair Housing Act or other federal equal opportunity requirements.

OWNER CERTIFICATION:

I certify that am the present owner of the property identified above.

I certify that all information provided on this form is true and correct. I agree to be bound by and comply with the Housing Assistance Payment (HAP) Contract

Property Owner(s) Signature(s):	Date

Required Documentation for New Owner:	<ul style="list-style-type: none"> ▪ Owner/Agent Data Form (attached see additional documents needed) ▪ Photo ID ▪ Social Security Card
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