

**Vendor Change**  
**(Assignment of Hap Contract)**



## Housing Choice Voucher Program

700 Adams Avenue Memphis, TN 38105 Phone (901) 544-1347 Fax (901) 544-1189

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Date Property Acquired \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Vendor Change (New Property Acquisition)**

*Please complete the name section and the new address section. You will also need the following documents to complete the change in Vendor:*

- Proof of Ownership
- Completed W-9 (owner and agent)
- Photo ID (payee)
- Management Agreement and/or Letter of Authorization if you are not the Owner of the property
- Lease between the New Owner/Agent and Tenant
- Other (there will be instances where additional documentation will be requested)
- Payee Agent
- Payee Owner

Assisted Unit Address: (please complete an additional sheet if you have more than 6 properties)

_____	_____
_____	_____
_____	_____

Assignment of the HAP Contract: I understand that by signing this form I am certifying that I agree to be bound by and comply with the HAP Contract. Upon request a standard copy of the HAP Contract will be forwarded once the change in Owner/Agent has been completed.

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Name Signatory

\_\_\_\_\_  
Print Title of Signatory