



INDEPENDENCE HOUSING AUTHORITY

TRANSFER OF HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT

PROPERTY TRANSFER AFFIDAVIT

This form must be completed and returned to the Independence Housing Authority (IHA) within 30 days whenever property on the Housing Choice Voucher (HCV) Program is transferred to ensure payment is paid to the current owner of the property. If the IHA does not receive this form prior to the monthly assistance payments being processed, it is the Seller's responsibility to return any payments received to the IHA or pay the new owner of the property, the assistance paid by the IHA. Once the paperwork is received, the IHA will complete the transfer within 30 days.

Property Address: _____

City: _____ County: _____

Date of Transfer: _____

Seller's (old owner) Name: _____

Buyer's (new owner) Name: _____

Address: _____

City / State / Zip Code: _____

Email Address: _____

Phone Number: _____

I understand the IHA will review all required documents and assign the HAP Contract if approved. I certify that I am not the parent, child, grandparent, grandchild, sister or brother of any member of the assisted family. I understand I must sign a HAP Contract Amendment form and agree to comply with the HAP Contract.

Signature of Buyer

Date