



## SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89195-1537

Phone (702) 922-6900 FAX (702) 922-6929 TDD (702) 387-1898



Date:

Re: Tenant Name \_\_\_\_\_

Property Address \_\_\_\_\_

Dear New Owner/Manager:

Attached please find the following items to be completed and returned to our office prior to approving the reassignment of the Housing Assistance Payments Contract on behalf of our Housing Choice Voucher participant(s):

1. HAP Assignment form (pages 1 and 2);
2. Statement of Property Ownership/Authorization;
3. IRS Form W-9 for new owner;
4. IRS Form W-9 for payee, if payee to receive Tax Form 1099;
5. Copy of management agreement, if applicable;
6. Provide a **recorded** copy of the deed to the property;
7. Copy of identification (I.D.) for Owner and Agent; and
8. Authorization for direct deposit form with voided check for checking account or deposit slip for savings account.

A copy of the assignment form, the current contract, and lease agreement will be forwarded to you upon approval of the ownership transfer. If you should have any questions regarding this matter, please contact me at (702)

Thank you for your interest in our Housing Choice Voucher Program.

Sincerely,

\_\_\_\_\_  
SNRHA Representative