



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



LANDLORD REQUEST FOR HAP CONTRACT ASSIGNMENT

[Pursuant to Part B, Paragraph 14 of HAP Contract]

Date: _____

Account #: _____

Tax ID #: _____

Current Owner: _____

Address of Assisted Unit: _____

Name of Resident: _____
(Head of Household Name)

Date of Proposed Property Sale: _____

Name of Proposed New Owner: _____

CONSENT TO ASSIGN HAP CONTRACT

I, _____, do hereby give my express consent to
(Landlord/Formal Owner)

assign the benefits, conditions and obligations of the HAP Contract, between SNRHA and me, entered the _____ day of _____, _____, to

_____. I further understand that this
(Proposed New Owner)

assignment, if approved, will result in me no longer receiving rental subsidy for the subject property.

DATED this _____ day of _____, _____.

Landlord/Formal Owner

Witness



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**ACCEPTANCE OF ASSIGNMENT AND ACKNOWLEDGMENT
OF PROPOSED NEW OWNER**

I, _____, being first duly sworn under penalty of
(Name of Proposed New Owner)

perjury do warrant and represent the following:

1. That I hereby accept all of the conditions, obligations and benefits of this Contract Assignment.
2. That I/we have not been debarred, suspended or subject to a limited denial of participation under HUD regulations, 24 CFR, Part 24.
3. 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.
4. That I/we am/are not the parent, child, grandparent, grandchild, sister or brother of any member of the resident family.
5. That I/we agree to be bound by and comply with the terms and conditions of the HAP Contract dated _____.
6. That my/our tax identification number is _____ and I have attached IRS Form W9 hereto.

DATED this _____ day of _____, _____.

Signature of New Owner

THIS REQUEST FOR HAP CONTRACT ASSIGNMENT IS: Approved Denied

DATED this _____ day of _____, _____, effective
_____.

SNRHA Housing Programs Manager