



# West Palm Beach Housing Authority

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1715 Division Avenue • West Palm Beach, FL 33407 • (561) 655-3582 • Fax (561) 804-0084

## **New Owner Assumption Request**

Attn: New Owners Purchasing Property with a HCV (Section 8) Tenant

The required documentation must be provided to the West Palm Beach Housing Authority before HAP (Housing Assistance Payments) will be issued to you. Please return the following to 561-650-1236 or [tgonzalez@wpbha.org](mailto:tgonzalez@wpbha.org).

**1. Proof of Ownership:**

- a. Recorded Deed or
- b. Fully Executed HUD Settlement Statement if the Recorded Deed is not yet available.

**2. Identification:**

- a. Driver's License or
- b. Government Issued Photo Identification

**3. Proof of your Tax ID/EIN:**

- a. Social Security Card
- b. IRS Verification of EIN

**4. Completed W-9** (attached)

**5. HAP & Lease Acceptance Agreement** (attached)

**6. Property Management Agreement** (*if HAP is to be issued to an entity other than the owner, numbers 2, 3 & 4 must also be included for the Property Management Company*)



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## HAP & Lease Acceptance Agreement

I/We, \_\_\_\_\_, do hereby accept and agree to abide by the terms of the HAP Contract with the West Palm Beach Housing Authority and Lease Agreement with:

\_\_\_\_\_ (Tenant) living at:

\_\_\_\_\_ (unit address), until the contracts expire. I understand that I cannot change any terms of the HAP Contract or Lease Agreement until either contract expires.

*\*Please note: the previous owner of the property is responsible to provide the original executed HAP Contract and Lease Agreement.*

\_\_\_\_\_  
**Owner's Printed Name**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cellular Number

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

\_\_\_\_\_  
**HAP Payee (if different from Owner)**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Cellular Number

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title