

Salem Housing Authority Transfer of Property Agreement

This request is a change in Ownership ____ Management ____ Both Ownership & Management ____

Change ownership of the property from: _____ to _____

Change management of the property from: _____ to _____

Effective Date of Change: _____ please supply legal documentation

Ownership Information:

Name of Legal Owner: _____ EIN# _____ 1099 Yes ____ No ____

Correspondence:

Name to whom correspondence is to be sent: _____

Address to send correspondence: _____

Phone number where owner or agent may be reached: _____

E-mail address: _____

Payee:

Name to who check should be made out to: _____

C/O _____

Address to where payments are to be mailed: _____

The owner/agent agrees to abide by all conditions stipulated on the current lease and
Housing Assistance Payment Contract: yes ____ no ____

Signature of Owner or Agent: _____

Date of Signature: _____

Address of affected units:

Tenant Name: _____

Unit # ____ Street Name: _____ Apt ____

Tenant Name: _____

Unit # ____ Street Name: _____ Apt ____

Tenant Name: _____

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Tenant Name: _____

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