



## ADDENDUM TO HAP CONTRACT: CHANGE OF OWNERSHIP OF PROPERTY

### Ownership Information:

Owner(s) Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone (     ) \_\_\_\_\_

### Tax Information:

I (we) understand the Housing Assistance Payments (HAP) will be submitted to the IRS under the Name and Tax Identification on the attached (W9) and listed below:

Name \_\_\_\_\_ Tax ID  
Number: \_\_\_\_\_  
(Print clearly)

### Check Information

Please make all checks payable to:                      ☐ Owner    ☐ Agent /Management Company  
(Please check one)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I/We, \_\_\_\_\_, new owner(s) of the unit

leased to \_\_\_\_\_ at \_\_\_\_\_,

\_\_\_\_\_ under a Rental Assistance Program administered by Metro Housing Boston. hereby agree to honor the terms and conditions of the Housing Assistance Payment Contract for the above-named tenant and unit. In addition, I certify that no one with an ownership interest is the parent, child, grandparent, grandchild, sister or brother of any member of the participant family.

By: \_\_\_\_\_ Date \_\_\_\_\_