

October 29, 2019

ADDENDUM TO VOUCHER PAYMENT CONTRACT: CHANGE OF OWNERSHIP OF PROPERTY Owner Certification

Ownership In	nformation:		
Owner(s) Nan	ne:		
Mailing Addre	ess:		
	State		
Phone ()			
Tax Informat	ion:		
I (we) underst	tand the Housing Assista	ance Payments (HAP) will be submitted to the IRS	
• •	_	n on the attached (W9) and listed below:	
Name		Tax ID Number:	
	(Print clear		
		<u> </u>	
Check Inform	nation		
	ll checks payable to:	[] Owner [] Agent /Management	
Company		[]8	
1 3		(Please check one)	
Name			
City/Town,	S	tate,Zip	
, -		·	
I/We,		_, new owner(s) of the unit	
leased to		at,	
		Rental Assistance Program administered by Metro	
Housing Boston hereby agree to honor the terms and conditions of the Voucher Payment			
		ned tenant and unit. Signed under the pains and	
penalties of pe	erjury.		
By:			
		<u></u>	
	Date	Signature	
Title			