



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 the 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:

Signature

Date

Title



Direct Deposit Enrollment Request Form Authorization Agreement for Automatic Deposits (ACH Credits)

Section 1 : Type of request (check one)

[☐] New Request for Direct Deposit **OR** [☐] Change Current Direct Deposit Information

Section 2 : Customer / Vendor / Payee Information

Name _____

Social Security # or Tax I.D. # _____ Daytime Phone Number _____

Address _____ City, State, Zip Code _____

E-mail Address (please print) _____

Section 3 : Direct Deposit Information:

[☐] Checking **OR** [☐] Savings

Account Holder's Name _____

Bank Name _____

Routing Number1 _____

Account Number2 _____

Please attached with **voided check** from the specified checking account.

Substitute documentation **for account without paper check**: 1) Bank statement; or 2) Letter from bank that indicate account name; account number and routing information

I authorize Metro Housing|Boston and Bank of America to make electronic deposits to the specified account.
If monies to which I am not entitled are deposited to my account, I authorize Metro Housing|Boston to direct the financial institution to return said funds. This authority will remain in effect until I have filed a new authorization or until this authorization is revoked by me in writing.

Signature (required) _____ Date _____

Call (617) 425-6616 if you have any questions. *Please note:* You may receive one or more "paper" checks before your direct deposit enrollment is processed and becomes active.

¹ The first nine numbers from the left at the bottom of your deposit slip if using a savings account or your check if using a checking account is the bank routing number. This number is always nine digits.

² Your account number is at the bottom of your check or savings deposit slip, after the bank routing number (and before the check number if using a check). If there are zeros before or after your account number, please include them.

For internal use Only:

Program: [☐] MTW / Section 8 or [☐] MRVP / CoC Program or [☐] HomeBASE / RAFT

Staff Name : _____



HAP CONTRACT ASSIGNMENT

The property located at _____

I _____ agree to assign the Housing Assistance
Former Property Owner

Payment contract to _____
New Property Owner

Date Signature of Former Property Owner

I _____ agree to be bound by and comply with the
New Property Owner

terms and conditions of the Housing Assistance Payment contract.

Date Signature of New Property Owner