



HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
1401 Guava Avenue, Melbourne, FL 32935
Phone (321) 775-1592 * Fax (321) 775-1549
<http://www.habc.us>

CHIEF EXECUTIVE OFFICER

Michael L. Bean

TRANSFER OF HOUSING ASSISTANCE PAYMENTS CONTRACT

I _____, have secured ownership of the
New Owner Name

Rental property listed below effective the month of _____ from
Month and Year

Previous Owner Name

PROPERTY ADDRESS(ES) ARE:

Section 8 Client's Name Address

Section 8 Client's Name Address

Section 8 Client's Name Address

I hereby acknowledge and accept the transfer of the Section 8 Housing Assistance Payment, Housing Voucher Contract and Lease Agreement. I agree to comply with all terms and conditions of said contract and lease.

Signature of Owner or Authorized Representative Date

Mailing Address

Social Security or Tax ID Number Telephone Number