

CHANGE OF OWNERSHIP

All rights and interest in the most recent Housing Assistance Payments Contract, Parts I and II between the former owner and the Biddeford Housing Authority, executed in connection with a certain dwelling unit located at _____, Maine has been transferred to _____.

The new owner will operate the dwelling unit in compliance with said Housing Assistance Payments Contract including but not limited to the National Standards for the Physical Inspection of Real Estate (NSPIRE).

Done and dated this _____ of _____.

Effective Date of Transfer: _____

New Owner (signature)

SS or Fed ID #

Tenant Name: _____

Owner Certification

I certify that I am not the parent, child, grandparent, grandchild, sister, or brother or any member of the family, unless the BHA has determined (and has notified the owner and the family of such determination) that approving leasing of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with a disability.

New Owner (signature)

Date

Additional items to be completed:

- Owner Information Form
- Direct Deposit Form
- W-9 Form
- Provide copy of warranty deed



Biddeford Housing
22 South Street | P.O. Box 2287
Biddeford, ME 04005
207-282-6537 | www.bhousing.org

Owner Information

IMPORTANT: This document does not take the place of IRS Form W-9

Name: _____
**** Name must match tax ID on S.S. card or tax ID award letter ****

Physical Address: _____

Mailing Address: _____

SSN or Tax ID: _____

Phone Number: _____

Email Address: _____

Property Manager Information

Name: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Mail Correspondence to: Owner or Property Manager

Mail/Deposit Payments to: Owner or Property Manager

Mail 1099 to: Owner or Property Manager

Signature of Authorized Representative

Date

Print Name

For Office Use Only:

New Update No Change

Tenant Name: _____

