

Boley Centers, Inc.
445 31st Street North
St. Petersburg, FL 33713
Phone: (727)-821-4819 Fax: (727) 490-0541

Change of Ownership/Management Form Packet Checklist

Date: _____

Dear Property Owner or Manager:

In order for the Boley Centers, Inc. Housing Program (BCHP) office to process your Change of Ownership/Management request, the following documentation is required from the legal Owner(s) of the property. Failure to do so may result in the termination of your Housing Assistance Payment (HAP) Contract.

- A completed Request for Taxpayer Identification Number and Certification (W-9) form signed and dated by the legal Owner(s) of the reference property or properties.
Note: the name and tax ID number (Employee Identification Number (EIN) or Social Security (SSN)) listed on the W-9 form must match the information listed on the verification letter or Social Security card.
- A completed Change of Ownership/Management form.
- A complete list of tenants at the referenced property or properties
- Proof of ownership – Warranty Deed or Court Order of Assignment (signed/stamped by judge)
- Tax identification (for an *individual* — a copy of your Social Security card; for a *company or business* — a copy of an IRS Employer Identification Number (EIN) verification letter (Letter 147C))
- A valid driver's license or state identification card - *for an individual*
- A completed HAP Contract Assignment form
Note: this is a requirement and must be completed in its entirety

This packet contains four pages and each page requires information from you that is imperative to the expedient processing of your Change of Ownership/Management request. Therefore, please make sure to complete the packet in full and submit it via fax to 727-490-0541 or drop it off at the Boley Centers, Inc 445 31st Street North, Saint Petersburg, FL 33702.

Please note the following:

- For your request to take effect by a particular check issuance date, BCHP must receive your completed packet before the 20th of the month.
- BCHP does not prorate HAPs between two Owners. For example, if the property was purchased on the 5th of the month, BCHA will pay the entire month to the previous Owner and the following month to the new Owner.

Complete the list below to include all of the voucher-assisted tenants currently residing at the property. If you have more than 13 voucher-assisted tenants at the property, please make copies of this page. You may also print and attach your own computer-generated list of tenants.

List of Tenants at the Property:

#	Name	Unit Address	Unit #	Relation?*
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/> Yes <input type="checkbox"/> No
9.				<input type="checkbox"/> Yes <input type="checkbox"/> No
10.				<input type="checkbox"/> Yes <input type="checkbox"/> No

*A relation is defined as the owner (including a principal or other interested party) being the spouse, domestic partner, parent (mother/father), child, grandparent, grandchild, sister, or brother of any member of the household, unless BCHP has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

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Housing Assistance Payment (HAP) Contract Assignment

Tenant Name: _____
Unit Address: _____

A transfer of interest by sale was completed for above captioned property on _____
20____. Said sale transferred the legal ownership of the property from _____
(*Seller*), to _____ (*Purchaser*).

The Purchaser, by his/her signature below acknowledges and accepts all the obligations, terms and conditions of the Section 8 Housing Assistance Payments Contract between _____ (Seller) and Boley Center Inc.'s Housing Program, and the Section 8 Lease agreement between _____ (Seller) and _____ (Lessee), for the remaining term of the contract and lease agreement.

Purchaser acknowledges that his/her amendment to the signatory aspect of the Section 8 agreements is the sole amendment to the agreements and all other terms and conditions in these agreements remains in effect.

The Purchaser further warrants his legal capacity to execute this agreement as owner.

_____ Social Security No. or Tax ID No. _____
Owner Name

_____ Telephone No. _____
Business Address

_____ Alt Telephone No. _____

_____ Fax No. _____

_____ **Owner Signature** _____ **Date**