



## RE-ASSIGNMENT OF HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT

Date: \_\_\_\_\_

Vendor ID: \_\_\_\_\_

For value received, the receipt of which is hereby acknowledged and intending to be legally bound hereby, the undersigned jointly and severally, hereby bargains, sells, assigns and transfers to:

\_\_\_\_\_ (Assignee), its successors and assigns all monies due or to become due under and all right, title, interest and remedies and obligations in and under the Housing Assistance Payment Contracts for the attached list of units, between the undersigned and the Philadelphia Housing Authority, as Obligor, including the right to collect and retain monies due thereon.

All Parties hereby acknowledge the terms of this Assignment and obligations incurred by the Assignee as a result of this Assignment. Effective date of Assignment: \_\_\_\_\_.

**To be completed by Assignee (new owner/agent):**

\_\_\_\_\_  
Assignee / Payee

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number or Federal Tax ID

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Assignee Signature Date

**To be completed by Assignor (previous owner/agent):**

\_\_\_\_\_  
Assignor

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Social Security Number or Federal Tax ID

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Assignor Signature Date

**PHA cannot make any payments without third party verification of your Social Security Number or Federal Tax ID. For more information, see the Change in Ownership Checklist.**

**To be completed by Notary Public:**

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**To be completed by PHA**

Reviewed and approved by Philadelphia Housing Authority on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PHA Official

\_\_\_\_\_  
Name of PHA Official (Printed)