



Bloomington Housing Authority

1007 North Summit, Bloomington, Indiana 47404
812-339-3491 fax 812-339-7177

HOUSING ASSISTANCE PAYMENTS (HAP) CONTRACT ADDENDUM

Landlord Transfer of Ownership

I, _____, as new owner for the property

at _____, attest that I have

read the HAP Contract and agree to comply with and assume all terms of the HAP

Contract for the assisted tenancy with _____.
(Tenant name)

By signing below, I also affirm that I am not the parent, child, grandparent,
grandchild, sister, or brother of any member of the assisted family.

Owner Signature

Date



Equal Opportunity Employer