

**MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155**

TELEPHONE 781-396-7200
FAX 781-393-9223

TELEPHONE FOR THE DEAF
TTY 1-800-720-3480

Change of Management

Property Address, City, State and Zip Code:
Effective Date of Change:
Tenant Name:

I, _____ agree to sign the Housing Assistance Payment contract to
Former Property Management Name

New Property Management Company

Signature of Former Property Management Company Agent

Date

I, _____ agree to be bound by and comply with the terms and
New Property Management Name

conditions of the Housing Assistance Payment contract for the above – named tenant and unit. In addition to this form, I have provided the following documents Proof of Management contract, W9 form, Direct Deposit Form, and a voided check.

Signature of New Property Management Company Agent

Date



EQUAL HOUSING OPPORTUNITY