

**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 Ownership/ Property Owner**

<b>Property Address, City, State and Zip Code:</b>
<b>Effective Date of Change:</b>
<b>Tenant Name:</b>

I, \_\_\_\_\_ agree to sign the Housing Assistance Payment contract to  
Former Property Owner

\_\_\_\_\_  
New Property Owner Name

\_\_\_\_\_  
Signature of Former Property Owner

\_\_\_\_\_  
Date

I, \_\_\_\_\_ agree to be bound by and comply with the terms and  
New Property Owner 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 Ownership, W9 form, Direct Deposit Form, and a voided check.

\_\_\_\_\_  
Signature of New Property Owner

\_\_\_\_\_  
Date



EQUAL HOUSING OPPORTUNITY