



Housing Authority of the City of Austin

1124 South IH 35, Austin, TX 78704
Ph (512) 477-1314 Fax (512) 494-0686

NEW OWNER REQUEST FOR ASSIGNMENT OF HAP CONTRACT

Date

I recently purchased a property located at _____
which is assisted under the Housing Choice Voucher (Section 8) Program. I request that the
Housing Assistance Payment (HAP) Contract be assigned to me. I have received a copy of the
HAP Contract and agree to comply with all provisions of the Contract.

Sincerely,

Please Print

Name: _____

Address: _____

E-mail: _____

Signature

Date