

**Economic Security Corporation dba Jasper County Public Housing Agency**

302 South Joplin St.  
Joplin, MO 64802

Office: 417-781-0352

Fax: 417-627-2092

## **CHANGE OF OWNERSHIP**

Every transfer of ownership for any assisted property thru JCPHA/ESC **must be recorded** with the Jasper County Public Housing Agency. The effective date of the ownership change will be the first of the month following notification of the sale. Any assistant payments paid prior to the notification will need to be recovered from the seller and or agent representative of the seller.

**Seller** – Sellers are to submit the Affidavit of Transfer as soon as possible after the sale of the unit to ensure Housing Assistance Payments is paid to the correct owner and reduces the complications in processing the transfer. Sellers must provide the buyer with a copy of the lease and Housing assistance Payment Contract. It is the responsibility of the owner to also notify the buyer of any pending issues related to the property and tenant, i.e. scheduled inspections, deficiency lists, abatement of rent, notice of vacates.

**Buyer** – Buyers are strongly advised to contact JCPHA to determine the continued eligibility of the property on the program prior to purchase. Buyers must supply the following:

- Record Warranty or deed
- Original W9 filled out and signed by owner
- Driver's License
- Direct Deposit Form
- Any other documents the HA may deem necessary to process the transfer of ownership.

The HAP contract may not be assigned to a new owner that is debarred, suspended or subject to a limited denial of participation under HUD regulations (see 24Code of Federal Regulations Part 24).

The HAP contract may not be assigned to a new owner if the new owner (including a principal or other interested party) is the parent, child, grandparent, grandchild, sister, brother of any member of the family, unless the PHA has determined (and has notified the family of such determination) that approving the assignment, notwithstanding relationship, would provide reasonable accommodation for a family member who is a person with disabilities.

The new owner must agree to be bound by and comply with the HAP contract.

Please mail or hand-deliver to the Reception Desk or fax all documents with attachments to:

**Jasper County Public Housing Agency**  
**302 South Joplin Street**  
**Joplin, MO 64801**  
**(417) 781-0352**  
**(417) 627-2092 (fax)**

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**Transfer of Housing Assistance Payment Contract**

**Property Transfer Affidavit**

This form must be filled out and filed with Jasper County Public Housing Agency/ Economic Security Corporation whenever property on the Voucher Program is transferred within 15 days of the transfer to ensure payment is paid to the current owner of property. If the Housing Authority does not receive this form prior to the monthly assistance payments being processed, it is the Seller's responsibility to return any payments received to the JCPHA or pay the new owner of the property, the assistance paid by the Housing Authority. Once paperwork is received the Housing Authority will complete the transfer within 30 days.

Property Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Date Of Transfer: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Existing owner on program: ( ) Yes ( ) No

Buyers Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Sellers Name: \_\_\_\_\_

I understand the Housing Authority will review all required documents and assign the Housing Assistance Payment Contract if approved. I am not the parent, child, grandparent, grandchild, sister or brother of any member of the assisted family. I understand I must sign a Housing Assistance Payment contract amendment form and agree to comply with the HAP Contract.

\_\_\_\_\_  
**Signature of Buyer**

\_\_\_\_\_  
**Date**

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**LANDLORD GENERAL INFORMATION SHEET:**

Name: \_\_\_\_\_

Business Name (if Applicable): \_\_\_\_\_

Address (No PO #'s): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Fax #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Address that you want your monthly Housing Assistance Payment (HAP) check mailed to:**

(PO Box is acceptable)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip Code)

Form Completed: \_\_\_\_\_

(Date)

Complete data sheet attached by listing all voucher-assisted tenants. Use extra copies of this form if changing ownership or management of more than 13 tenants.

**Office Use Only:**

\_\_\_\_\_  
Date entered

\_\_\_\_\_  
Staff initials

\_\_\_\_\_  
Vendor number

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Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code
Tenant Name	Address	City	State	Zip Code