



**Berkeley Housing Authority**

1947 Center Street, Fifth Floor, Berkeley, CA 94703 • bha@cityofberkeley.info • www.cityofberkeley.info/bha  
Tel: (510) 981 5470 • Relay: dial 711 then (510) 981-5485 • Fax: (510) 981 5480

**ASSUMPTION OF  
BHA HOUSING ASSISTANCE PAYMENTS  
(HAP) CONTRACT**

On (insert date of purchase or inheritance of property) \_\_\_\_\_, I (insert new owner name),  
\_\_\_\_\_, purchased and/or inherited the rental property located at  
(insert address) \_\_\_\_\_.

The unit is occupied by a family participating in the Section 8 Voucher Program whereby such tenancy is governed by a HAP Contract executed by the BERKELEY HOUSING AUTHORITY, with the former Owner of the Property (insert name of former owner) \_\_\_\_\_.

The Head of Household of the family in the Section 8 Program living at this property is (insert name of Head of Household here) \_\_\_\_\_. The other members of the household are (insert more lines as needed):

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand that by assuming the HAP contract with BHA, I am also assuming the existing lease for the family residing at this property. I understand further that, at the end of the current year of tenancy, I may sign a new lease with the family, if they choose to remain in the unit. If a new lease is not signed, the existing lease will remain in effect.

As the new owner, I hereby agree to assume the HAP Contract, by complying with the terms and conditions of the Contract and HAP addendum, as a condition of receiving HAP payments from the Berkeley Housing Authority, pursuant to said contract. I understand that if I breach the HAP contract, or if I provide any falsified documentation related to this transaction, BHA will exercise any of its rights and remedies under the HAP contract and addendum, a copy of which I have received, and under the Code of Federal Regulations governing the Section 8 Program, Title 24 Housing and Urban Development, found at: [http://www.access.gpo.gov/nara/cfr/waisidx\\_09/24cfr982\\_09.html](http://www.access.gpo.gov/nara/cfr/waisidx_09/24cfr982_09.html).

\_\_\_\_\_  
OWNER Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
OWNER Signature

\_\_\_\_\_  
BHA Accounting Representative Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
BHA Accounting Representative Signature