ARLINGTON HOUSING AUTHORITY LANDLORD SERVICES

Email: <u>LandlordRequest@ArlingtonHousing.us</u> | Phone: 817-276-6719 501 W. Sanford St. Suite 20, Arlington, TX 76011

Affidavit of Ownership and Ratification of Existing HAP Contract

	•	the Arlington Housing Authority that the prop	erty located at has	
(New Corecently acquired	Owner) If the title to the property located	at:		
	(Street Address)	(City/State)	(Zip Code)	
Date of Purchase	/Acquisition:			
verification mentioned The previo	n of sale, warranty deed, OR fill property. us owner has provided a copy of	y of the closing statement from the Title Connact closing statement, showing proof of own both the Housing Assistance Payments (HAP) of sproperty is subject to the HAP contract.	vnership for the above-	
□ AHA's HAP	contract beginning date:	ending date:		
		ending date:		
agrees to the fo I accept an I accept an The rental The amour	ollowing (CHECK ALL THAT APPLY): d agree to abide by all terms of the d agree to abide by all the terms lease/agreement will continue or at of rent to be collected from the	he HAP contract for the above referenced prop of the lease agreement as if I had signed it orig n month-to-month basis	erty ;inally	
Owner's Signatur			hone Number	
Owner's Email Address:		Tax ID # (from W9)	Tax ID # (from W9)	
Owner's Mailing	g Address:			
The state of	County o	of		
Before me, the u	ndersigned authority, on this day	personally appeared		
		e foregoing document, and after being duly sworposes and consideration therein expressed.	orn, acknowledged to	
Subscribed and s	worn to before me this da	ay of, 20		
Notary Public Sig Notary Public for	nature the State of			