## **ARLINGTON HOUSING AUTHORITY LANDLORD SERVICES**

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

## **Transfer of Property Ownership Affidavit**

	hereby notifies th	ne Arlington Housing Authority tha	it the property located at:	
(Prior Owner)			,	
(Street A	ddress)	(City/State)	(Zip Code)	
was sold to		on		
(New Owner)			on(Date of Sale)	
No further payment should	d be made to me as of		(insert date)	
verification of sale subject to a U.S. I	e for the above-mentioned p	the closing statement from the Toroperty. The new owner has been urban Development Housing Assi	en advised that this property is	
applicable addend		ne HAP Contract and the current g the amount of rent to be collerity.	_	
Prior Owner Signature:		Prior Owner Phone #:		
Previous Owner Tax ID: _				
Prior Owner Printed Nam	e:	Email Address:		
	County of			
Before me, the undersigne	d authority, on this day perso	onally appeared		
•	_	going document, and after being ces and consideration therein expre	•	
Subscribed and sworn to b	efore me this day of	, 20		
	 Notary Public Signature	 2		
	•	tate of		
	My commission Expires	s:		