



Berkshire  
Housing  
Development  
Corporation

P.O. Box 1180, Pittsfield, MA 01202-1180  
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**CHANGE IN OWNERSHIP**

NEW OWNER NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_  
 OWNER'S TAX ID#: \_\_\_\_\_ OWNER'S SS#: \_\_\_\_\_

***(TENANT'S INFORMATION)***

NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

Check here \_\_\_\_ if the above tenant has submitted a notice to move or there is a signed mutual lease termination on file. Date of anticipated move out \_\_\_\_\_

EFFECTIVE DATE OF OWNERSHIP \_\_\_\_\_ EFFECTIVE DATE OF FIRST PAYMENT \_\_\_\_\_

**THE HOUSING ASSISTANCE PAYMENTS CONTRACT IS AMENDED AS FOLLOWS:**

- Amount of Contract Rent:  
The total rent payable to the Owner for the Contract Unit is \_\_\_\_\_ per month.
- HAP Payment:  
BHDC shall pay on behalf of the Family, a Housing Assistance Payment of: \$ \_\_\_\_\_ per month.

**THE SECTION 8 PROGRAM LEASE READS:**

- Tenant Portion:  
The amount due to the landlord by the tenant is: \$ \_\_\_\_\_ per month

We (I), the new owner(s) of the above-mentioned property, do hereby agree to all provisions of the Section 8 Program Lease and Section 8 Housing Assistance Payments Contract now in effect. In addition, I certify that no one with an ownership interest is the parent, child, grandparent, grandchild, sister or brother of any member of the participant family. We (I) have received a copy of the lease and HAP and this form identifying final amendments above.

NAME OF OWNER(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 SIGNATURE: 1st \_\_\_\_\_ DATE: \_\_\_\_\_  
 2nd \_\_\_\_\_ DATE: \_\_\_\_\_

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**OFFICE USE ONLY** **DATE:** \_\_\_\_\_  
 BHDC/BHSI OFFICIAL \_\_\_\_\_  
 TITLE \_\_\_\_\_