



PROCEDURE PACKET- AGENT CHANGE

These procedures are used to change the agent managing a property. Please note that partial or incomplete packets are not accepted.

All documents must be provided at one time in order for MHA to ensure that information is entered correctly and timely.

The agent change will be made to MHA's database within 3 days of receiving all of the required documents listed below. All documents should be emailed to landlords@mhapha.org, faxed to (501) 340-4674, or returned to the front desk at 100 S. Arch St. A confirmation email will be sent once the change is made.

1. **The owner or agent must provide:**

- a. Declaration of Ownership (attached)
- b. Housing Assistance Payment Contract (HAP-C) Agreement Form (attached)
- c. Management Agreement (a written agreement between the owner and agent)
- d. New Owner/Agent Packet (if agent is not a current agent in MHA's database).

Please visit us online at www.lrhousing.org for more information or contact us directly at landlords@mhapha.org.



METROPOLITAN HOUSING ALLIANCE

Housing Choice Voucher Department, 100 S. Arch St., Little Rock, AR 72201

Phone/Fax (501) 340-4674 landlords@mhapha.org



Declaration of Ownership Property Information

Tenant Name
Building Address
City, State, Zip

Ownership Information

Legal Owner Name
Owner SSN [] [] [] - [] [] [] [] [] [] [] [] Owner TIN [] [] - [] [] [] [] [] [] [] []
Mailing Address
City, State, Zip
Contact Phone
Email

Agent Information

Agent Name
Agent SSN [] [] [] - [] [] [] [] [] [] [] [] Agent TIN [] [] - [] [] [] [] [] [] [] []
Mailing Address
City, State, Zip
Contact Phone
Email

Send Payment to: Owner Agent

Send Correspondence to: Owner Agent

Certification

I certify that I am the legal owner or the legally-designated agent for the above referenced unit.

Signature

Date

Print Name



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NEW OWNER REQUEST FOR ASSIGNMENT OF HAP CONTRACT

Date

I recently purchased a property located at _____
which is assisted under the Housing Choice Voucher (Section 8) Program. I request that the
Housing Assistance Payment (HAP) Contract be assigned to me. I have received a copy of the
HAP Contract and agree to comply with all provisions of the Contract

Signature

Date

Print Name

7/8/2020