

# SC State Housing Finance and Development Authority

## Rental Assistance Division

### Housing Assistance Payment Contract Transfer Agreement

That certain real property known as

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, SC

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#### Seller

The above listed real property will no longer be owned by me.

I surrender all my rights, title and interest in the Housing Assistance Payment (HAP) Contract previously entered into between me and the South Carolina State Housing Finance and Development Authority for the above listed real property.

<hr/> <p style="text-align: center;">Seller Name</p>	<hr/> <p style="text-align: center;">Transfer Date</p>
<hr/> <p style="text-align: center;">Seller Signature</p>	<hr/> <p style="text-align: center;">Date</p>

The seller agrees to disburse all HAP payments to the purchaser until such time the HAP checks are redirected to the purchaser. It is understood that the South Carolina State Housing Finance and Development Authority is not responsible for prorating the HAP payments between the seller and the purchaser.

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#### Purchaser

The above listed real property will be owned by me.

I understand that the above property is subject to a Housing Assistance Payment (HAP) Contract with the South Carolina State Housing Finance and Development Authority, and my predecessor. I have read the contract and understand that it imposes certain obligations and/or duties on me as the purchaser/owner of the property described above. It is my desire that the HAP Contract on this property remain in full force and effect. I am willing to be bound by the terms of this contract and request the South Carolina State Housing Finance and Development Authority accept me as a party to this contract in place of my predecessor in title.

\_\_\_\_\_ I certify that no member of the assisted family is related to any owner(s) of this property.  
Relatives include: Parent, child, grandparent, grandchild, sister or brother.

<hr/> <p style="text-align: center;">Purchaser Name</p>	<hr/> <p style="text-align: center;">Phone number</p>
<hr/> <p style="text-align: center;">Purchaser Signature</p>	<hr/> <p style="text-align: center;">Date</p>

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Attach a completed W-9 form      Other Units with SCSHFDA?    Yes    No

<hr/> <p style="text-align: center;">Housing Program Manager</p>	<hr/> <p style="text-align: center;">Accepted Date</p>	<hr/> <p style="text-align: center;">Effective Date</p>
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# SC State Housing Finance and Development Authority

## Rental Assistance Division

### Housing Assistance Payment Contract Transfer Agreement

That certain real property known as

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\_\_\_\_\_  
\_\_\_\_\_, SC

#### Current Agent

The above listed real property will no longer be managed by me.

I surrender all my rights, title and interest in the Housing Assistance Payment (HAP) Contract previously entered into between me and the South Carolina State Housing Finance and Development Authority for the above listed real property.

_____ Current Agent Name	_____ Transfer Date
_____ Current Agent Signature	_____ Date

The current agent agrees to disburse all HAP payments to the new agent until such time the HAP checks are redirected to the new agent. It is understood that the South Carolina State Housing Finance and Development Authority is not responsible for prorating the HAP payments between the current agent and the new agent.

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#### New Agent

The above listed real property will be managed by me.

I understand that the above property is subject to a Housing Assistance Payment (HAP) Contract with the South Carolina State Housing Finance and Development Authority, and my predecessor. I have read the contract and understand that it imposes certain obligations and/or duties on me as the new agent of the property described above. It is my desire that the HAP Contract on this property remain in full force and effect. I am willing to be bound by the terms of this contract and request the South Carolina State Housing Finance and Development Authority accept me as a party to this contract in place of my predecessor in title.

\_\_\_\_\_ I certify that no member of the assisted family is related to any agent(s) of this property.

Relatives include: Parent, child, grandparent, grandchild, sister or brother.

_____ New Agent Name	_____ Phone number
_____ New Agent Signature	_____ Date

Attach a completed W-9 form      Other Units with SCSHFDA?    Yes    No

_____ Housing Program Manager	_____ Accepted Date	_____ Effective Date
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