



Carol Pontarelli, Chairman
Rosemary Andreozzi, Vice Chairman
Armand Milazzo, Commissioner
June Di Lorenzo, Commissioner
John Fleming, Commissioner

Marilee E. Arsenault
Executive Director
email: marsenault@nphousing.org
Relay RI-711

CHANGE OF OWNERSHIP

It is agreeable that the Housing Assistance Payment (HAP) made by this agency on behalf of

_____ Tenant Name

and tenants' portion shall now be paid to _____
New Owner Name/Company

with the understanding that all provisions of the lease and contract remain intact. The effective date shall be the month following the month in which this completed form is received. All prior payments will be the responsibility of the owners to transfer.

NEW OWNER INFORMATION

Print name _____

Signature: _____

Date: _____

Address: _____

City, State, Zip Code: _____

Telephone number: _____ Email: _____

Transfer date: _____

PHA Signature/Title: _____ Date: _____

Please include documentation of purchase

945 Charles Street
North Providence, RI 02904
401-728-0930