



GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

**ASSUMPTION AGREEMENT FOR EXISTING
HOUSING ASSISTANCE PAYMENT (HAP) CONTRACTS**

The Housing Assistance Payment (HAP) Contract between the Garfield County Housing Authority

_____ (Original Owner),
And on behalf of _____ (Assisted Family)
Living at _____ (Unit address)
Is hereby transferred to _____ (New Owner),
Effective _____ (Date).

The Garfield County Housing Authority consents to this transfer subject to the new management’s agreement to comply with all terms of the original HAP Contract and Lease.

In signing this transfer and assumption agreement, the new management agrees to abide by the terms of the HAP Contract and not to increase rent or amend any part of the lease until the renewal date of the contract.

The original owner is hereby released from the terms of the HAP Contract effective the date of transfer.

_____ Date
New Owners or Agent for New Owner

Mailing address: _____

Email address: _____

Telephone #: () _____

Federal Tax ID # or Social Security Number: _____
(W-9 is required on file with the Garfield County Housing Authority)



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

