



**New Castle County Housing Choice Voucher Program**

**Memorandum of Understanding: Landlord Transfer**

Date: \_\_\_\_\_

New Castle County Housing Authority  
Attn: Erin Coleman  
77 Read's Way  
New Castle, DE 19720

I \_\_\_\_\_ have purchased the property located at \_\_\_\_\_  
(current owner)

\_\_\_\_\_ from \_\_\_\_\_.  
(previous owner)

This transfer in ownership was effective on \_\_\_\_\_.

I agree to comply with the terms and conditions of the existing HAP contract agreement. I also certify that I am not a "prohibited relative" (parent, child, grandparent, grandchild, sister or brother) of the Voucher-holding tenant.

**Please find attached, my completed Landlord application, completed W-9 and a copy of the escrow statement or other document showing the transfer of title.**

I understand that the Housing Assistance Payment (HAP) will be "on hold" until these documents are received and reviewed by the New Castle County Housing Choice Voucher office. Once processed, the HAP payments will be mailed to:

Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed:

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Signature of Landlord

Date