

MBHA

Myrtle Beach Housing Authority
605 10th Ave. North
Post Office Box 2468
Myrtle Beach, South Carolina 29578-2468

Sharon Forrest, Executive Director
John Stack, Board Chairman

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AUTHORIZATION FOR TRANSFER OF HOUSING ASSISTANCE PAYMENT (HAP) CONTRACT

I/We, _____ do hereby request the Housing Authority of Myrtle Beach to transfer Housing Assistance Payments effective _____ for the following:

Rental Address _____

I/We, _____ do hereby request the Housing Authority to make all future payments to the following individual/entity:

Name: _____

Address: _____

Federal I.D. # or Social Security #: _____

Phone Number: _____

Grantor's Signature

Date

Grantee's Statement:

I have read the current HAP Contract and agree to comply with all the terms and conditions therein.

Grantee's Signature

Date

PHA's Signature

Date

Title

Note: A separate executed Authorization is required for each Contract

11/15/2013

EQUAL OPPORTUNITY HOUSING

