REQUEST FOR HAP CONTRACT GREATER THAN 5 YEARS

Project Name: ______________________________________
Ownership Name: ____________________________________
Section 8 Contract #: ________________________________

I hereby request a project-based Section 8 Housing Assistance Payment renewal contract with a term of ______ years (maximum allowed term is 20 years), and certify to the following (please check boxes):

☐ I commit to preserving this property as affordable, assisted housing for the full term of the contract.
☐ I certify that the owner/agent of the project listed above is not currently in default of any business agreements with HUD.

Comments in support of the request (optional):
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

Owner’s Signature __________________ Owner’s Name (print) __________ Title __________ Date __________

MHFA CONCURRENCE

MHFA has reviewed the owner’s request for an extended term contract and recommends a renewal date of ______ years.

MHFA Official’s Signature __________________ MHFA Official’s Name (print) __________ Title __________ Date __________

HUD APPROVALS

The HUD field office has reviewed the owner’s request for an extended term contract and approves a term of _______ years.

Signature __________________ Date __________
Laura Simpson, Director
Minneapolis Asset Management Division