



HOUSING AUTHORITY of the County of Butte
 2039 Forest Avenue, Chico, CA 95928
 (530) 895-4474 • Fax: 530-894-8738 • TDD Relay: 800-735-2929
 www.butte-housing.com

ASSIGNMENT OF LEASE

Property Address: _____

Current resident is: _____

Name of Owner (transferor): _____

The transferor hereby agrees to assign all rights and duties under the Housing Authority of the County of Butte Housing Assistance Payment Contract for the above described property which has an effective Lease date of «Move_In» to the new owner.

Assignment Effective Date: _____

Owner: _____

BY: _____

_____ Date Signed

_____ Printed Name of Signatory

_____ Title

Name of New Owner (transferee): _____

The transferee agrees to assume all the rights and duties under the aforementioned Contract of

_____ (Transferor Name)

By: _____

_____ Date Signed

_____ Printed Name of Signatory

_____ Title



The Housing Authority is an equal opportunity employer and housing provider.

