Part A of the HAP Contract: Contract Information

(To prepare the contract, fill out all contract information in Part A.)

1. **Contents of Contract**

This HAP contract has three parts:
Part A: Contract Information
Part B: Body of Contract
Part C: Tenancy Addendum

2. **Tenant**

LARRY RAYFORD

3. **Contract Unit**

4923A N 48TH,
MILWAUKEE, WI 53218

4. **Household**

The following persons may reside in the unit. Other persons may not be added to the household without prior written approval of the owner and the PHA.

LARRY RAYFORD	H
JACQUELINE KING	A

5. **Initial Lease Term**

The initial lease term begins on (mm/dd/yyyy): 06/01/2026

The initial lease term ends on (mm/dd/yyyy): 05/31/2027

6. **Initial Rent to Owner**

The initial rent to owner is: $ 915.00
During the initial lease term, the owner may not raise the rent to owner.

7. **Initial Housing Assistance Payment**

The HAP contract term commences on the first day of the initial lease term. At the beginning of the HAP contract term, the amount of the housing assistance payment by the PHA to the owner is $ 668.00 per month.
The amount of the monthly housing assistance payment by the PHA to the owner is subject to change during the HAP contract term in accordance with HUD requirements.

Section 8 Housing Voucher Program - Notice of change to Lease and Contract

04/09/2026
Tenant Code: mv26v

LARRY RAYFORD
4923A N 48TH
MILWAUKEE, WI 53218

The contract dated 06/01/2026, entered into between the Owner, DBA MKE COWORK DBA ELEVATE REALTY WELCOME HOME MILWAUKEE, and the PHA, MILWAUKEE COUNTY and the LESSEE ('FAMILY'), LARRY RAYFORD(mv26v) for the following described unit 4923AN48 located at 4923A N 48TH, MILWAUKEE, WI 53218 is amended as follows:

The reason for this change is due to:

- [X] **REEXAMINATION**
  Annual Review of family income and/or composition.
- [ ] **INTERIM ADJUSTMENT**
  Interim change in family income and/or composition.
- [ ] **RENT ADJUSTMENT**
  The owner/agent request for a rent adjustment.
- [ ] **CHANGE IN FAMILY COMPOSITION**

Adjustment in Payment	From	TO
HAP Payment	$ 879	$ 668
Tenant Rent	$ 36	$ 247
Total Rent to Owner	$ 915	$ 915
URP	$ 0	$ 0

Effective Date
This change to the Housing Voucher Contract and/or Lease Agreement will be effective from 06/01/2026. The next reexamination is due on 06/01/2027.

This change is presented to you in accordance with the terms and conditions of the Housing Voucher Contract and/or Lease Agreement and shall be attached to and made a part of your Housing Voucher Contract and/or Lease Agreement. All other covenants, terms and conditions of the original Housing Voucher Contract and/or Lease Agreement remain the same.

To the Tenant Only
If you disagree with this decision, you may request an informal hearing. If a hearing is desired, you must submit a written request to this office within 14 days of this notice or your right to a hearing will be waived.

Signatures

Housing Agency: MILWAUKEE COUNTY

_____
Signature

Family: LARRY RAYFORD

_____
Signature

8. Utilities and Appliances

The owner shall provide or pay for the utilities/appliances indicated below by an "**O**". The tenant shall provide or pay for the utilities/appliances indicated below by a "**T**". Unless otherwise specified below, the owner shall pay for all utilities and provide the refrigerator and range/microwave.

Item	Provided by Owner	Provided by Tenant	Paid by Owner	Paid by Tenant
Heating - Electric				T
Water Heat - Electric				T
Lighting/Refrigeration				T
Cooking - Electric				T
Water Sewer			O	
Stove				T
Refrigerator				T
Fixed - Electric				T

Signatures

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. § 287, 1001, 1010, 1012; U.S.C. § 3729, 3802).

Public Housing Agency

Milwaukee County

Print or Type Name of PHA

Signature

Print or Type Name and Title of Signatory

Date (mm/dd/yyyy)

Owner

DBA MKE COWORK DBA ELEVATE REALTY WELCOI

Print or Type Name of Owner

Signature

Print or Type Name and Title of Signatory

Date (mm/dd/yyyy)

Mail payments to:

DBA MKE COWORK DBA ELEVATE REALTY WELCOI

Name

7311 W GREENFIELD AVE

WEST ALLIS, WI 53214

Address (street, city, state, zip code)