



**NOTICE OF INTENT TO VACATE - \_\_\_\_\_ 30 Day Notice \_\_\_\_\_ 60 Day Notice**

This notice must be turned into DHC before the 25<sup>th</sup> day of the month.  
 DHC will not approve the Notice of Intent-to-Vacate if it is received with less than a 30- day notice.

Please Print Participant Name  Email Address  Cell Phone #  Contact #	_____		Are you a current FSS participant?  Yes No	Are you requesting to port to another PHA?  Yes No
	_____ @ _____ .com			
	(_____) _____			
	(_____) _____			
Unit Address	Street Address	City	Zip Code	
Last month to occupy unit	Month _____	Day _____		

As a participant, I agree to the following:

1. DHC will stop payments to the owner for the last day of the month indicated above.
2. If am responsible for the water at my unit, I MUST provide a copy of the PAID water bill showing \$0 or have attached a Water Department Payment Agreement for the outstanding balance.
3. I am responsible for paying my portion of rent through the last date indicated above.
4. Notification to DHC by the owner that I have outstanding rent, utilities or damages may delay or prevent me from receiving housing assistance.
5. I must complete an Annual Recertification if it has more than 6 months since my last annual before I am allowed to move.
6. I may be terminated from the program for non-compliance if I fail to fulfill my family obligations as stated on the Housing Choice Voucher or as stated in the DHC Administrative Plan.
7. If I choose to CANCEL my move from the above unit, the owner and I must submit a written letter to my Housing Specialist before the last day of occupancy listed above. If it is not submitted by the above date, it will require a new contract approved by DHC.
8. If I stay in the property after this date, I am responsible for all payments to the owner. **DHC is not responsible for payment to the owner if I stay beyond the end of the month listed above.**
9. If at any time during the move process DHC determines I am no longer in good program standing, the unit transfer may be delayed or cancelled until my program status concern is resolved.

x \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Participant signature Phone number Date

**\*\*If a participant cannot contact the landlord, a certified notice must be sent. If the landlord does not respond within 5 business days, the participant may return the certified mail receipt from the USPS to begin the moving process. If a landlord provides legal notice, that you are not in good standing, DHC may delay your move until the issue is resolved.**

Landlord Name (print): \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please advise if participant is delinquent in any of the following.

	Yes	No	If yes, the following legal documents will be forwarded to DHC within 10 days:
Participant owes outstanding Rent			
Participant has outstanding Utilities			
Participant owes for Damages			

**DHC must have received prior notice of lease violations from the owner, including legal action where required by law. If DHC has not received notice of non-compliance within 90 days of the move request, the participant will be considered to be in good standing.**

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_

**In Office Use:**

Date forwarded by Supervisor:	Assigned Housing Specialist:		
Date reviewed by HS:	Circle one: Is Compliant Is Non -Compliant		
Effective Date of Last Annual:	If annual is due, Date of Annual Appointment: ITV cannot be forwarded to Intake until Annual appt. has occurred		
Unit is under abatement: Circle one: Yes No	Tenant Caused HQS Damages? No	Yes	Water Bill \$0 balance or repayment agreement? Yes No Not Responsible
Date Forwarded to Intake:	Date of Intake Briefing:	If under abatement, date abatement began:	





# Detroit Housing Commission PORTABILITY REQUEST

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

In order to move to another Public Housing Authority's (PHA's) jurisdiction, while retaining your Section 8 Housing Choice Voucher assistance, you must complete and return the following to the assigned Housing Specialist/Agent within 14 days of the above date. This form will not be accepted, and Portability paperwork will not be forwarded, unless all required information is provided.

Head of Household: _____	Social Security Number: _____	Are you currently a participant on the Family Self Sufficiency Program <input type="checkbox"/> Yes <input type="checkbox"/> No
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WHERE YOU LIVE NOW	
Address: _____	Home Phone: _____
City: _____	Work Phone: _____
County: _____	_____

WHERE YOU WANT TO MOVE		
State: _____	County: _____	City: _____
New Unit Address (optional): _____	Name and Address of Public Housing Authority: _____	
PHA Telephone: _____	PHA FAX: _____	Portability Officer: _____

For assistance in obtaining the name and address of the PHA where you want to port refer to HUD's:

1. Public and Indian Housing (PIH) Information and Resource Center (1-800-955-2232). The Center answers inquiries regarding HCV Programs. Menu options are available in English and Spanish. The operator that answers the call will provide the name/address/contact person/telephone number for any PHA; or
2. Website: <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>. This site gives clear instructions, and is very simple to use.

I understand that Portability paperwork will be forwarded to the PHA listed above for the unit indicated above. DHC will send Portability paperwork to no more than two PHA's on my behalf. **If I do not use the portability option before the Voucher expiration date, I relinquish my right to port my DHC Housing Choice Voucher to a new PHA.**

\_\_\_\_\_ Head of Household Signature \_\_\_\_\_ Date

DHC USE ONLY		
_____ Name of Person Contacted	_____ Phone Number	_____ Date and Time of Contact
<input type="checkbox"/> Receiving PHA will absorb	<input type="checkbox"/> Tenant is in good standing with DHC	
<input type="checkbox"/> Receiving PHA will bill DHC (indicated)	<input type="checkbox"/> Receiving PHA has an active FSS Program (if FSS is indicated)	
_____ Date of Admission		
_____ Housing Specialist/Agent Signature		_____ Date

