NOTICE OF INTENT TO VACATE - _____ 30 Day Notice _____ 60 Day Notice

This notice must be turned into DHC before the 25th 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.

		Are you a current FSS participant?	Are you requesting to port to another PHA?
Please Print **Participant Name** **Email Address** **Cell Phone #** **Contact #**	_____ _____ (_____)_____ (_____)_____	Yes ☐ No ☐	Yes ☐ No ☐
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? Yes ☐ No ☐	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:	

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DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.