



- Pick Up Relocation Packet
- Mail/Email Relocation Packet

NOTICE OF INTENT TO MOVE

HOH Name (please print): _____ SSN: _____

Current Unit Address: _____

City State Zip Code

Telephone Number: _____ Email Address: _____

My Requested Move out Date is the last day of: _____, 20_____

- I understand that I can only move once in a 12-month period and that the relocation process may take 30-45 days.
- I understand that should I need to change my move out date or cancel my move, I must inform the Housing Authority in writing with mutual agreement by the landlord. I understand that if I continue to reside in the unit after the agreed upon termination date, I will be fully responsible for the entire rent.
- I understand that I will not be allowed to move outside of PCHA's jurisdiction if I have an active Debt Repayment Agreement.
- I understand that I may not be eligible to relocate if I have been evicted for serious or repeated lease violations, or if I owe any money for damages, utilities or rent and/or my participation is being terminated for other reasons under the Section 8 Housing Choice Voucher Program.

Signature of Head of Household Date

OWNER/AGENT:

Does the tenant owe any back rent? Yes No If Yes, how much? _____

Will the tenant owe for damages beyond their deposit, over normal wear and tear? Yes No

If yes, please indicate the approximate amount. \$ _____

I acknowledge this intent to move and agree with the date listed above.

Print Name: _____ Email: _____

Owner/Agent Signature: _____ Phone: _____

Date: _____

BY SIGNING THIS FORM, THE FAMILY AND THE OWNER/AGENT ARE AWARE THAT THE HOUSING AUTHORITY WILL STOP THE HOUSING ASSISTANCE PAYMENT (HAP) TO THE OWNER ON THE 1ST OF THE MONTH FOLLOWING THE TENANCY TERMINATION DATE PROVIDED ABOVE BY THE FAMILY. ** IF THE FAMILY IS NOT ELIGIBLE FOR RELOCATION, THEY WILL BE CONTACTED BY THEIR HOUSING SPECIALIST**