



To whom it may concern:

Before the move process can begin, the enclosed forms are required:

- * Move Request: Tenant to complete
- * Tenancy Termination: Tenant to complete Part 1. Landlord completes Parts 1 & 2.

Once our office receives the completed forms, they will be reviewed to determine if your move request will be approved or denied.

Upon approval, you will be sent an appointment letter. For your move to be approved, you must be in good standing with your current landlord and in compliance with program regulations.

Upon denial, you will receive written notice with an opportunity to request an informal hearing or review.

Failure to provide these documents prior to moving out of your unit may result in the termination of your assistance.

Sincerely,

Housing Specialist

Integrated community solutions

MOVE REQUEST For: (Name) _____

Social Security #: _____ I.D. #: _____

The move process could take up to four (4) months to complete. Therefore, complete and return this form as soon as possible. Incomplete or unreadable forms will be returned causing a delay in processing your move request.

Violations of your lease and/or family obligations under the Housing Choice Voucher Program could result in the denial of your move request. (Refer to back page).

An appointment, if required, will be scheduled AFTER this form has been received.

1. Do you plan to live in Brown County? Yes No

If NO, where will you be moving to:

City State County Name and Address of the Housing Authority
you want portability forms sent to

2. Have you vacated your current unit, located at: _____

YES NO

If NO, what is the last day you plan to live in this unit? _____

If YES, indicate: a) The date you last occupied the unit. _____

3. Was proper notice given to your landlord based on your lease requirements?

YES NO

4. A telephone number and address where you can be reached. (____) _____

Street Address City State Zip Code

5. List all individuals, including yourself, who will be living in the new unit.

6. Are you current with your portion of the rent to your landlord? YES NO

7. Do you owe your landlord for damages to the unit or any past due utility bills?

YES NO

8. Are you current with all utility bills that you are responsible for paying (which means you have no past due balance to your utility companies such as Wisconsin Public Service, Green Bay Water, WE Energies, etc.)? YES NO

I, <<Tenant Full Name>>, verify that the information above is correct and that providing false information could result in the termination and/or repayment of assistance.

Signature

Date

Move requests could be denied for:

- a. Lease Violations such as: Nonpayment of rent, unpaid utility bills, disturbance of neighbors, destruction of property, housekeeping habits that cause damage to the unit or premises and criminal activity. Unresolved lease violations may result in a one-year program termination.
- b. Moves resulting from a court ordered eviction while you were a participant of the program.
- c. Family owes money to PHA (Integrated Community Services) or any housing authority.
- d. Family failed to give PHA Tenancy Termination form.
- e. Family failed to notify PHA and owner before moving out of the unit or terminating the lease.
- f. Expiration of Voucher.
- g. Insufficient Funding or if you currently have a project based voucher, and tenant based vouchers are not available.
- h. Landlord has a judgment against tenant.

-- Above list is not all inclusive --

NOTE: Should you or anyone in your household require a specific accommodation due to a disability, please contact our agency.

FOR OFFICE USE ONLY

Is Family eligible to continue with move request?

No Send denial letter.

Yes If family is moving WITHIN Brown County: Schedule and send appointment letter along with RTA packet and TIF.

OR

If family is moving OUT of Brown County: Forward request to Portability Specialist

Updated: 4/1/15



I.D. #: _____

TENANCY TERMINATION

Please note that: a) Assistance payments to Owner will stop for the first of the month following the lease termination date indicated in Part I; AND b) Tenant remains responsible for unpaid rent, utilities, or damages caused by the tenant, members of the tenant's family, and/or guests of the family through the lease termination date.

PART 1 - Tenant and Owner to complete only if tenancy termination is mutual. (Note: The effective date below should be the last day tenant will physically occupy the unit.)

We, _____ and _____ agree to terminate the lease for
(print tenant name) (print owner/landlord name)
the unit located at _____ effective _____
(address of current unit) (date to terminate lease)
releasing _____ from all lease obligations.
(print tenant name)

Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____

PART 2 - To be completed by the Landlord/Owner

Yes No Tenant violated terms of the lease. Lease violations include but not limited to unpaid rent, unpaid utilities, vacate notice not given according to lease.

List violation(s): _____

Has resolution been made? Yes No

Owner Signature: _____ Date: _____

PART 3 - Tenant and Owner to complete ONLY IF the lease termination date listed in Part 1 is changing.

We, _____ and _____, agree to:
(print tenant name) (print owner name)

Withdraw the above notice to terminate lease.

Change lease termination date to _____.

Tenant Signature: _____ Date: _____

Owner Signature: _____ Date: _____