



2605 S. Oneida St Ste 106, Green Bay, WI 54304 Phone # 920-498-3737 FAX # 920-498-3614

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

**English:** If you need help understanding this information, please contact ICS for free language assistance: 920-496-1912

**Spanish:** Si necesita ayuda para entender esta información, comuníquese con la oficina de ICS para obtener asistencia gratis en su idioma: 920-496-1912

**Somali:** Haddii aad u baahantahay caawinta lagu fahmayo warbixintaan, fadlan kala soo xiriir ICS caawinta luuqada oo bilaash ah: 920-496-1912

**Hmong:** Caw mus nug ntwam ICS yuav muaj cov ntxhais lus pab dawb rau koj: 920-496-1912



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MOVE REQUEST

For: (Name) \_\_\_\_\_ I.D. #: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Current Address: \_\_\_\_\_

Please answer the following questions:

- 1. Are you current on your portion of utilities?
2. Are you current on your portion of rent?
3. Do you have an active lease with your current landlord?
4. Are you being evicted or have a case pending against you in court?
5. Have you already moved from your current unit?
-If Yes, What was the date you last occupied the unit? \_\_\_\_\_

Type of Move Requested:

- Move - Remain within Brown County
Move - Assistance no longer needed / Close File
Move - Port outside Brown County (COMPLETE NEXT SECTION):

PORTABILITY: (Only to be completed if moving out of Brown County)

Housing Authorities Name: (Housing Authority you wish to transfer to):

Housing Authorities Address: \_\_\_\_\_

City / State: \_\_\_\_\_

Portability Intake Person's Name: \_\_\_\_\_

Portability Intake Person's Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

For assistance in obtaining the name and address of the Housing Authority that manages the HCV program where you want to move to, refer to HUDS's: 1. PIH Information and Resource Center (800-955-2232). Menu options available in English and Spanish. OR 2. Website: https://www.hud.gov/program\_offices/public\_indian\_housing/pha/contacts

I certify that all statements on this form are true and correct. I understand the ICS reserves the right to deny any moves/portability based on possible voucher / lease violations. Port Outs: I understand that it is my responsibility to provide ICS with the correct information regarding the jurisdiction into which I would like to transfer to. ICS will not be held responsible for any misinformation provided on my part. I understand that once my file is forwarded to the requested Public Housing Authority, I must contact them with any questions in regards to the status of my transfer. With my signature, I provide authorization to ICS to share my information with the specified Public Housing Authority for portability purposes. All move requests will be reviewed for approval/denial based on being in compliance with your current lease and family obligations.

Tenant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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CLIENT NAME: \_\_\_\_\_

I.D. #: \_\_\_\_\_

**TENANCY TERMINATION**

**SECTION 1: Completion by the Landlord and Tenant**

This form should only be completed only if tenancy termination is mutual. By signing this notice, you are giving this tenant clearance to move from your unit. This clearance is tentative and based solely on current standings. If the status of this tenancy changes prior to move-out, this clearance may be rescinded. It is the landlord's responsibility to notify Integrated Community Solutions (ICS) in writing if this date should change.

We, \_\_\_\_\_ and \_\_\_\_\_ are mutually agreeing to terminate  
(print tenant name) (print owner/landlord name)  
the lease for the unit located at \_\_\_\_\_ effective \_\_\_\_\_  
(address of current unit) (date to terminate lease)  
(last day tenant will physically occupy the unit). This will release \_\_\_\_\_ from all  
(print tenant name)

lease obligations from that day forward. The Housing Assistance Payment (HAP) contract between ICS and the Owner/Landlord will also terminate on the 1<sup>st</sup> of the month following this date.

**Tenant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SECTION 2: Completion by the Landlord Only**

Please answer the following questions:

- 1. Is the Termination Date listed mutual?  Yes  No
  - 2. Is this tenant current with their portion of rent/utilities?  Yes  No
  - 3. If rent is not current, is a repayment agreement an option?  Yes  No
  - 4. Are you evicting or have a case pending court case against this tenant?  Yes  No
  - 5. Are there any lease violations you would like to make ICS aware of?  Yes  No
- If YES, please explain (use separate sheet if needed):

\_\_\_\_\_  
\_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_