



SECTION 8 HOUSING CHOICE VOUCHER PROGRAM REQUEST TO MOVE

Use this form to request to move. You are eligible for a voluntary move under the following conditions:

- You terminate your lease with notice to the landlord in accordance with the lease. (Will be verified.)
- Your lease is terminated by mutual agreement between you and the landlord. (Will be verified.)
- You receive notice to vacate or an eviction proceeding has commenced. (NOTE: If you are evicted due to serious and repeated lease violations your participation in our program may be terminated.)
- The move is necessary due to health or safety issues related to domestic violence, dating violence, sexual assault or stalking. (documentation may be required)
- FHC determines your unit size does not meet HQS standards due to change in family composition.
- FHC has terminated its HAP contract with the landlord due to the owner's breach.

You must provide FHC with a copy of the termination agreement or notice to vacate.

FHC MAY DENY YOUR REQUEST TO MOVE if:

- It is an elective move within the initial lease term.
- You have made an elective move within the last 12 month period.
- There is insufficient funding and the move will result in higher HAP costs to the FHC.

NAME: _____ DATE: _____

CURRENT ADDRESS: _____

PHONE NUMBER: _____ OTHER: _____

EMAIL: _____

DO YOU PLAN TO MOVE OUTSIDE WAYNE/OAKLAND/MACOMB COUNTIES? Yes No

FOR STAFF TO COMPLETE:

DOCUMENTATION RECEIVED? Yes No VERIFICATIONS COMPLETE? Yes No

MOVE REQUEST: APPROVED DENIED

STAFF: _____ DATE: _____ REASON DENIED: _____

NOTES: _____

Place all denials due to insufficient funding on centralized list for recall when funds become available.