

# **Berks County Housing Authority** **HCV Request to Move Form**

**Participant:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Yes No Participant to complete:**

Are you in your first year lease? (If yes, written release or email from owner is **required**, or you are ineligible to move).

Are you going to be porting your voucher to another county or state? (If yes, we will send you a form to complete with the following information about the Housing Authority: the name, contact person, address, phone number, and e-mail address).

Are you under a repayment agreement and/or under cancellation? (If yes, you are unable to port until the balance has been paid and/or the cancellation process has been completed).

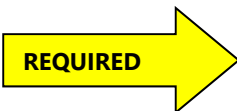
Has your family composition changed?

I acknowledge that I will leave the unit in an acceptable condition, pay any rent balance still due, pay all utility bills for which I am responsible for in regard to this unit, and return keys to the owner/agent at the time of move-out

*Notice: BCHA will give your previous landlord your forwarding address within 90 days after move-out from your current unit upon request.*

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signatures are required by both client and owner prior to submitting to BCHA.**



**Planned Move Out Date:** \_\_\_\_\_  
If the client has not vacated the unit by the above date, both parties may agree to void or extend the move-out date. This may serve as your 30 day notice.

**Attention Current Owner of the Property Listed Above**

- If the participant owes any past due balance for rent, utilities or damages, the landlord has the right to address all monies owed in small claims court. If the landlord receives a favorable decision, the landlord should send that decision to the attention of the HCV Coordinator so that BCHA can propose termination to the participant.
- Please be reminded that BCHA is not a party to your lease and cannot assist with collections of outstanding debts.
- The conditions for the return of the security deposit shall be in accordance with the lease AND state law.

**Owner Name:** \_\_\_\_\_ **Owner Signature:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PLEASE ALLOW UP TO 30 DAYS FOR THE PROCESSING OF YOUR VOUCHER**

**BCHA USE ONLY:**

- Approved      Briefing scheduled (if applicable): \_\_\_\_\_  
Date file forwarded (if applicable): \_\_\_\_\_      Fax • Postal Mail • Email
- Denied      Reason: \_\_\_\_\_

Housing Specialist Signature: \_\_\_\_\_ Date: \_\_\_\_\_