



HOUSTON
HOUSING AUTHORITY

Transforming Lives & Communities

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY ■ www.housingforhouston.com

Housing Choice Voucher Program
REQUEST TO RELOCATE
(Must be signed Tenant and Landlord)

Name: _____ Date: _____
Last four of SSN: _____
Current address: _____
(city, state, zip code)
Email address (required): _____
Telephone number: _____
Lease Expiration Date: _____

REASON FOR MOVE: (please select one option)

- _____ Eviction (attach notice from Landlord)
- _____ Relocate to a new neighborhood
- _____ Voucher size change
- _____ Reasonable Accommodation (must compete and attach Reasonable Accommodation form)
- _____ Other (please provide details) _____

Notice to Vacate (Required)

This is to advise my intentions to vacate the unit located at _____ (Unit's Address) on _____ (Date). This complies with lease requirements and Housing Choice Voucher Programs' Family Obligations requiring at least 30 days written notice to vacate the unit.

Landlord, please be advised your above tenant is requesting to relocate. By signing below, you acknowledge your tenant has provided proper notice to vacate. The Housing Assistance Payment Contract will terminate on the date listed above and no additional payments will be made from the Houston Housing Authority.

If your tenant remains in the above unit after lease determination effective date, and the unit is **not** in a failed inspection status, your tenant will be required to submit a Stay In Place/Continuance form signed by both the tenant and landlord.

Tenant 's Name (Print) : _____ Date : _____
Tenant 's Signature : _____ Date : _____

Landlord Name (Print): _____ Date: _____
Landlord Signature: _____ Date: _____

Landlord Phone number: _____ Email address: _____