

# **WHEDA HCV Program**

## **Moving and Portability Request**

### **Housing Provider Packet**

#### **Directions:**

Please review and complete the Housing Provider Confirmation Form (page 2) in this packet.

The Housing Provider Confirmation Form should be returned to the agency listed in this header as soon as possible so that the PHA can follow up if there are any issues.

#### **IMPORTANT:**

Federal Rental Assistance payments stop on the 1st of the month after a household moves out of the assisted rental unit.

Any overpaid rental assistance payments after a household moves out **MUST** be returned to the PHA.

#### **Housing Provider Moving and Portability Request Packet Table of Contents**

Page 1- Housing Provider Cover Letter

Page 2- Housing Provider Confirmation Form (*REQUIRED* Document **MUST** be completed and returned before we can proceed)

# WHEDA HCV Program Moving Request Form Housing Provider Confirmation

Greetings,

An active Housing Choice Voucher (HCV) Participant has contacted our office about moving out of their current rental unit.

Please review and complete this form and return to the PHA listed in the header as soon as possible.

## Rental Unit Information

Head of Household Name: \_\_\_\_\_

Current Unit Address: \_\_\_\_\_  
Street and Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reported Date of Move: \_\_\_\_\_

## Housing Provider Questions

1) Is this household current on their portion of monthly rent and utility payments?

*(A copy of their most recent HCV certification is attached with the breakdown of tenant responsible payments for the unit)*

Yes

\*No

\*If No- please explain: \_\_\_\_\_

2) Is the proposed move date approved and in compliance with their lease requirements for providing proper notice?

Yes

No

3) Are there any outstanding charges for the household's rental unit?

*(Ex: Any tenant responsible charges such as bed bug treatments or tenant caused damage repairs that have been added to their account?)*

\*Yes

No

\*If Yes, please explain: \_\_\_\_\_  
(Please note: we understand that additional charges may be added after they move out)

OPTIONAL: Did you have a successful experience with the Housing Choice Voucher Program?

(Do you have any helpful suggestions to improve the experience in the future?)

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## Housing Provider Certification

Housing Provider Name

Housing Provider Signature

Date Signed

