SARASOTA HOUSING AUTHORITY William O. Russell III President & CEO	Tel 941.361.6210	Fax 941.366.4661 269 S. Osprey Ave.	EQUAL HOUSING DEPORTUNITY TTY 1.800.955.8771 Sarasota, FL 34236
Date			
Landlord/Business Name:			
Landlord/Business Address:			
Name:			
Unit:			

This is my official notice to my owner that I plan to vacate my unit on the following date:

_____ Last day of _____

_____ Last day of _____

I understand that I will be required to continue to make my portion of the rent payment to the owner until I actually vacate the unit and that my rent portion does not stop until I turn my keys into my landlord. Failure to turn in my keys could result in additional rent being charged even if I have moved out. If I need to make any changes in the above vacate dates, then I understand I will have to complete an extension and the owner will have to approve it in order to receive any payments beyond the date above.

I also understand that if I fail to locate a new unit before my voucher expires, then I will be required to remain in my current unit for another year. If the owner has already rented my unit to someone else and is unable to allow me to remain in the unit, then my assistance will terminate when my voucher expires and I will have to reapply to the waiting list when it is open.

By signing this, I agree that I understand the move process as stated above and I understand that if I fail to locate a new unit during the time frame of my voucher, then my assistance will terminate without a hearing, and I will have to reapply when the waiting list is open.

Tenant Name:	Date:
Tenant Signature:	_ Phone #:



MOVE UNDERSTANDING FORM

I ______, acknowledge that that I understand the policies regarding Housing Choice Voucher Moves with Continued Assistance. In addition to the general program rules and regulations, I also understand and agree with the following items:

- 1. If at any time during this process, I fail to report changes in my household composition or income, and I am found to owe money as a result, then the move process will end immediately and I will receive a notice of termination.
- 2. I will be responsible for 100% of the contract rent if I move into a unit before it passes an HQS inspection.
- 3. If I fail to locate a unit before my voucher expires, I must remain in my current unit for one year. If my landlord has already rented the unit, then I will have to reapply when the HCV waiting list is open.
- 4. I understand that the Housing Authority will continue to make monthly payments to my current landlord until I locate a new unit or until my voucher expires; whichever occurs first. I understand that if I am porting out, the Housing Authority will end the payment on the date that I specify as my move out date.
- 5. I will not be approved to move if I have moved within the last 12 months or if I have received a voucher in the last 12 months.
- 6. I will not be allowed to move if I am on a current repayment agreement with the housing authority.
- 7. I understand that if I wish to cancel this entire move process, I must obtain the proper form and my landlord and I must both sign it.

Head of Household Name	Date		
Head of Household Signature			