



NOTICE OF INTENT TO VACATE - _____ 30 Day Notice _____ 60 Day Notice

This notice **must be** turned into DHC before the 25th day of the month. DHC **will not** approve the Notice of Intent-to-Vacate if it is received with less than a 30- day notice.

Please Print Participant Name Email Address Cell Phone # Contact #	_____ _____ @ _____ .com (____) _____ (____) _____	Are you a current FSS participant? Yes No	Are you requesting to port to another PHA? Yes No
Unit Address	Street Address	City	Zip Code
Last month to occupy unit	Month _____ Day _____		

As a participant, I agree to the following:

1. DHC will stop payments to the owner for the last day of the month indicated above.
2. If am responsible for the water at my unit, I **MUST** provide a copy of the PAID **water bill showing \$0 Balance** form the Water Department.
3. I am responsible for paying my portion of rent through the last date indicated above.
4. Notification to DHC by the owner that I have outstanding rent, utilities or damages may delay or prevent me from receiving housing assistance.
5. I must complete an Annual Recertification if it has more than 6 months since my last annual before I am allowed to move.
6. I may be terminated from the program for non-compliance if I fail to fulfill my family obligations as stated on the Housing Choice Voucher or as stated in the DHC Administrative Plan.
7. If I choose to CANCEL my move from the above unit, the owner and I must submit a written letter to my Housing Specialist before the last day of occupancy listed above. If it is not submitted by the above date, it will require a new contract approved by DHC.
8. If I stay in the property after this date, I am responsible for all payments to the owner. **DHC is not responsible for payment to the owner if I stay beyond the end of the month listed above.**
9. If at any time during the move process DHC determines I am no longer in good program standing, the Port transfer will be cancelled.

X _____ (____) _____
 Participant signature Phone number Date

****If a participant cannot contact the landlord, a certified notice must be sent. If the landlord does not respond within 5 business days, the participant may return the certified mail receipt from the USPS to begin the moving process. If a landlord provides legal notice, that you are not in good standing, DHC may delay your move until the issue is resolved.**

Landlord Name (print): _____ **Phone Number (____)** _____

Please advise if participant is delinquent in any of the following.

	Yes	No	If yes, the following legal documents will be forwarded to DHC within 10 days:
Participant owes outstanding Rent			
Participant has outstanding Utilities			
Participant owes for Damages			

DHC must have received prior notice of lease violations from the owner, including legal action where required by law. If DHC has not received notice of non-compliance within 90 days of the move request, the participant will be considered to be in good standing.

Landlord Signature _____ **Date** _____

In Office Use:

Date forwarded by Supervisor:	Assigned Housing Specialist:		
Date reviewed by HS:	Circle one: Is Compliant Is Non -Compliant		
Effective Date of Last Annual:	If annual is due, Date of Annual Appointment: <small>ITV cannot be forwarded to Intake until Annual appt. has occurred</small>		
Unit is under abatement: Circle one: Yes No	Tenant Caused HQS Damages?	Yes	Water Bill \$0 balance or repayment agreement? Yes No Not Responsible
Date Forwarded to Intake:	Date of Intake Briefing:	If under abatement, date abatement began:	





PORTABILITY INFORMATION REQUEST

(This box is for DHC office use only)		Tenant ID# _____	
_____ 52665	_____ Voucher	_____ 50058	FSS Y or N
_____ EIV	_____ Income		
Gross Annual Income (for applicants only) \$ _____			

Please complete information below:

Receiving Public Housing Authority: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Please note: The voucher issued by the receiving PHA (RHA) must have an expiration date at least 30 days after the expiration date of the voucher issued by DHC. While the RHA may provide additional search time according to its existing policies, the billing deadline of 90 days after the expiration of the IHA's voucher remains in effect.

Client Name: _____ Last 4 of SS# _____

Current Address: _____

City, State, Zip: _____

Phone #: _____ Cell #: _____

E-mail Address: _____

Date of Request: _____ Signature _____

Participant Families:

If you are paying water and sewage in your current unit, you will need to supply a current water bill that shows \$0 past due. If you are participating in the FSS program with DHC, you are required to notify your FSS Coordinator PRIOR to the effective date of your PORT OUT. Failure to notify your FSS Coordinator could result in the forfeiture of your escrow benefits.

Applicant Families (First Time Voucher Holders)

If neither the head, co-head or spouse had legal residence in DHC jurisdiction at the time of their initial pre-application for the HCV Program, the family may not be permitted to exercise portability upon initial issuance of a voucher, unless management approves the request.

RPHA: Is your PHA is () <i>Absorbing</i> () <i>Billing</i> for this client.	
If billing our agency, please submit Tax Payer ID# _____	
Please send billing information to:	
Detroit Housing Commission	Phone: 313-877-8693
Attn: Portability Department	Fax: 313-392-9254
2211 Orleans	E-mail: jenkinsg@dhcmi.org
Detroit MI 48207	

2211 Orleans ● Detroit, MI 48207 ● 313.877.8000 ● Fax 313-877-8107 ● TDD/TTY (313) 877-8900

"Equal Housing Opportunity"

DHC will provide a reasonable accommodation to a qualified individual with a disability by providing modifications, alterations or adaptation in policy, procedures, practices. Please advise us if you require a reasonable accommodation.