

7315 Hanna Street Fort Wayne, Indiana 46816
260.267.9300 T 260.755.1058 TDD | fwaha.org

We, the undersigned, agree to the following terms:

- This agreement is effective on the last day of the month listed below.
- The tenant and the landlord both understand that **NO** Housing Assistance Payment will be made after the effective date, even if the tenant remains in the unit.
- Both parties understand that this action cannot be reversed without the landlord's written consent.
- There is no guarantee on how long approval, inspection and authorization to move into a new unit will take. The FWHA will not be responsible for any HAP or other expenses on the tenant's behalf after the notice to vacate date and before the new unit is approved by the FWHA for HAP payments.
- The initial term of the lease has been satisfied. You must have lived in your current HCVP assisted unit for the initial term of the lease, including any lease renewals.
- FWHA recommends a 60 day notice to vacate to allow sufficient time for the transfer process.

I _____ will vacate on _____ (date you will be out of the unit). The tenant must turn in their keys to the unit no later than this date.

*FWHA reserves the right to refuse this notice, even if the tenant and landlord agree to break the lease, if the tenant has not been in the unit 12 months. However, under certain circumstances, if both you and your landlord voluntarily agree to terminate your lease before the end of a lease term, you may be able to transfer before the term ends. Further documentation will be needed for termination of initial lease term.

Tenant's Name (Please Print)

Landlord's Name (Please Print)

Tenant's Signature

Landlord's Signature

Tenant's Address

Landlord's Address

Tenant's Phone#

Landlord's Phone #

Date Signed

Date Signed

Tenant:

You must have a valid voucher before you can move from your current unit if you wish to continue to receive HCVP assistance. You must submit a transfer request before a transfer will be approved. All debts to FWHA must be cleared before this termination notice will be honored.

Please mark only if this item applies to you:

____ I am terminating the lease because I no longer wish to remain on the Housing Choice Voucher program. Because I am leaving the program, I am not required to receive a voucher before moving.

Reminder: **FWHA will make no payments to the landlord after the effective termination date. However, if you live in this unit after the effective termination date, you and your current landlord may request in writing a cancellation of the termination or extension of the termination effective date.**

FAX

260.267.9305 Administration
260.267.9306 Housing Choice Voucher
260.267.9307 Public Housing
260.267.9308 Accounting





Section 8 Transfer Request Form

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Under the Section 8 Housing Choice Voucher Program, families can move their assistance from one unit to another unit under certain conditions. **All of the following conditions are necessary for a transfer to be approved.**

1. You have given proper notice to your landlord and have submitted it to the Housing Authority. You are required to immediately provide the Housing Authority with a copy of any notice given to you by your landlord.
2. The first term of the lease has been satisfied. You must have lived in your current Housing Choice Voucher assisted unit for the initial term of the lease, including any lease renewals. However, under certain circumstances, if both you and your landlord voluntarily agree to terminate your lease before the end of a lease term, you may be able to transfer before the term ends.
3. All money owed to any Housing Authority has been paid in full. All past due amounts must be paid in full before a transfer can be processed.

Also, please be aware that if you transfer, your voucher size will be re-determined in compliance with our current subsidy standards policy. **Your voucher size may be decreased.**

If you would like to transfer your housing assistance to another rental unit, please fill out the form below.

Name of Head of Household: _____ Social Security # _____

Home Address: _____ City _____ St. _____ Zip _____

Phone Number: Home _____ Work: _____ Cell: _____

Email Address: _____

Are you currently living in your assisted unit?

___ Yes: Anticipated move date: _____

___ No: Date you moved out of the assisted unit: _____

Please state the reason that you would like to transfer: _____

Next steps in the transfer process:

When the Housing Authority receives your Transfer Request Form and your signed Notice to Vacate or Mutual Lease Termination form, you will be scheduled for the next transfer briefing. You will be sent a letter with the date and time of the briefing. If you fail to attend the briefing you will need to submit a new transfer request form.

Signature

Date

FAX

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