



**NOTICE OF INTENT TO VACATE**

Date: \_\_\_\_\_

Client ID # \_\_\_\_\_

I (print your name) \_\_\_\_\_, hereby give notice of my intent to vacate the unit located at \_\_\_\_\_. I fully understand that after I submit this notice, I must be issued a Voucher and a move packet before I move.

I will be completely moved out of the unit indicated by the following date \_\_\_\_\_.

I will clean the unit and repair any damages caused by my family before vacating. I will also contact the Landlord on the day of my departure, in order to return the keys to the unit. I understand the Lease and Housing Assistance Payment Contract will be cancelled on the last day of the month.

In the event that I decide to remain in the above unit, I must notify the Section 8 Housing Choice Voucher office, in writing, within ten (10) business days before my move out date. If I do not notify the office as required, I understand that I am responsible for the following months full rent.

**\* OUR AGENCY CAN NOT GRANT EXTENSIONS FOR CLIENTS TO REMAIN IN A UNIT PAST THE AGREED MOVE-OUT DATE ABOVE. THE LANDLORD MUST SUBMIT THE EXTENSION IN WRITING TEN (10) BUSINESS DAYS PRIOR TO MOVE-OUT DATE.**

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

**THIS SECTION TO BE COMPLETED BY LANDLORD**

Will the above family leave owing a balance for rent? (Please circle one.)      YES      NO  
    > If yes, how much? \_\_\_\_\_

Have you set up a repayment agreement for any balances that is owed?      YES      NO  
    > If yes, please attach a copy of the agreement.

**ATTENTION LANDLORDS:**

**The Section 8 Housing Choice Voucher Office strongly urges you to follow Pennsylvania's Landlord/Tenant rules and regulations for any damages.**

\_\_\_\_\_  
*Landlord Signature*

\_\_\_\_\_  
*Date*



HARRISBURG HOUSING AUTHORITY



**REQUEST FOR PORTABILITY**

**TO BE COMPLETED BY HEAD OF HOUSEHOLD**

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

\_\_\_\_\_  
*Participant Signature*

\_\_\_\_\_  
*Date*

**\*\* Please be advised that the port out process takes 14 to 21 days to be completed. Your request will be reviewed as quickly as possible. You will receive written notification of approval or denial. If approved, you will need to call the Housing Authority you listed below to make sure your paperwork has been received by them and to make arrangements to go through their move in process.**

**COMPLETE THE FOLLOWING REGARDING THE HOUSING AUTHORITY YOU WISH TO MOVE TO**

Name of Housing Authority: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Name of Portability Officer: \_\_\_\_\_ Extension: \_\_\_\_\_

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\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

*Housing Specialist Signature* \_\_\_\_\_ *Date* \_\_\_\_\_