

CHESAPEAKE REDEVELOPMENT AND HOUSING AUTHORITY

Housing Choice Voucher (HCV) Department (formally Section 8)

1468 South Military Highway Chesapeake, VA. 23320

Phone: (757) 523-0401 Fax: (757) 523-1601 TDD: (For Hearing Impaired) VA Relay 711

VACATE NOTICE/MOVE VOUCHER REQUEST

NOTE: The participant must complete this form no less than 60 days prior to the vacate date.

Client Name: _____ Date: _____

Check ONE: Head of Household Co-Head of Household Vacate Date: _____

Unit Address: _____

Telephone# _____ Email address _____

Reason for Vacating: _____

I, _____, will be vacating the above listed unit on the above vacate date and request a voucher to move to another dwelling unit within the city of Chesapeake, VA. I understand that I must vacate the unit by the vacate date. If I decide to extend my vacate date or decide to remain in my present dwelling unit for another lease term, I must notify my HCV Case Manager in person no less than 15 days prior to the vacate date, and provide written concurrence from my landlord in order to continue to receive housing assistance.

Client Signature: _____ Date: _____

FOR OFFICE USE ONLY

Client #: _____ Unit #: _____ Vendor #: _____

Case Manager has verified a vacate notice was received by the owner/landlord/agent in:
 Writing Verbally via phone on in person

Case Manager has verified there is no outstanding rent or other monetary obligations to the owner/landlord/agent in:
 Writing Verbally via phone on in person

Landlord comments on Tenancy (if any): _____

Case Manager Signature: _____ Date: _____

Move Voucher: Approved Disapproved Reason: _____

Move Voucher Issue Date: _____ Voucher #: _____