



Section 8 Offices
23B Glade Street, West Haven, CT 06516
Tel: (203) 934-9266
Fax: (203) 937-0306
TTD/TTY 1-800-545-1833 X 901
Section 8 Inspection office
Tel: (203) 691-8444
Fax: (203) 691-8426

Equal Opportunity Housing

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SECTION 8 REQUEST TO MOVE FORM

**** please keep your tenant coordinator AND landlord up to date of the status of your move
** if you do not move by the agreed upon date please contact your tenant coordinator immediately
for instruction to resubmit notice(s) to vacate**

Instructions: Savin Rock Communities must review all move requests for eligibility and will process move requests within 14 calendar days. **REMINDER IN ORDER TO MOVE BY THE FIRST OF ANY MONTH THIS (AND ALL FORMS REGARDING YOUR MOVE) MUST BE RECEIVED BY THE 22ND OF THE PREVIOUS MONTH** (*Please note portable out of town moves take longer to process, please submit form(s) as soon as possible*)

In order to be eligible to move with continued assistance from Section 8, you must be a participant in good standing and meet all the follow criteria (including but not limited to):

- You must not have received a move voucher within the last 12 months
- You must be current with your tenant portion of rent
- You must have either an expired lease or the ability to obtain a Mutual Rescission form signed by your current landlord. (Subject to review)
- A Mutual Rescission (signed by LL & Tenant), a (30) day written notice must be given to your landlord or (60) if your lease states otherwise. A copy of one of the above must accompany this form.

Head of Household Name: _____ Last Four SS# _____

Current Address: _____ Contact Telephone Number _____

Date Intent to Vacate Unit: _____ *if you do not move by the agreed upon date please contact your tenant coordinator immediately for instruction to resubmit notice(s) to vacate*

Please read and check the appropriate box. Remember that you *may not move out* of your assisted unit without written permission from SRC. **This form should only be completed by the Head of Household.**

Type of Move Requested: (Please check)

Move within West Haven Move outside of West Haven Transfer within current building/managed property.

If moving out of West Haven provide receiving Housing Authority Information:

Housing Authority: _____ Contact name: _____

Address: _____

Contact Telephone Number _____ Contact Fax _____

Please answer the following questions

Are you current with your tenant share of rent? Yes ___ No ___

Do you have an active lease with your current landlord?

Yes ___ No ___ Exp date: _____

Are you being evicted or do you have a case pending against you in housing court?

Yes ___ No ___ If yes what is the reason for eviction: _____

I certify that the above statements are true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my move request and jeopardize my housing subsidy.

Head of Household Signature

Date

Current Landlord Signature

Date

By signing this document, you give permission for the tenant to move in the above listed time frame

<u>For SRC Use Only</u>	
Date form was received: _____	
Date reviewed: _____	
Is tenant eligible <input type="checkbox"/> Yes <input type="checkbox"/> No	
Documentation received:	
Mutual Rescission sent	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30 day notice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
60 day notice	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Notes: _____	

_____ Tenant Coordinator	_____ Date