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## **REQUEST TO MOVE FORM**

Please complete this form in full and submit it to the Indianapolis Housing Agency to request a move with continued assistance under the Housing Choice Voucher (HCV) Program. Please allow up to 60 days for the process to begin.

1. Participant Information	
	Head of Household Name:
•	Current Address:
•	Phone Number: Email Address (optional):
2. Rea	son for Move
•	(check all that apply):
	☐ Lease Expiring
	☐ Unit Issues / Unsafe Conditions
	☐ Family Composition Change
	□ Domestic Violence / VAWA
	☐ Job Relocation
	☐ Reasonable Accommodation
	☐ Other (please explain):
•	Requested Tentative Move-Out Date:
	ust submit a copy of your 30-day notice to vacate, signed and dated by both you and your at landlord (this form will be provided by IHA once your move request has been approved)
3. Ack	nowledgement & Signature
	rstand that this request is subject to approval by the housing authority and that I must comply with IV program requirements, including proper notice to my landlord and attending a move briefing (if ed).
Signat	ture of Head of Household:
Date:	

The Violence against Women Act (VAWA) protects tenants regardless of sex, gender identity, or sexual orientation, from being terminated, from participation in, or evicted from the Housing Choice Voucher program on the basis that the tenant is or has been a victim of domestic violence, dating violence, sexual assault or stalking. As required by VAWA, enclosed are HUD form 5380, Notice of Occupancy Rights under the Violence Against Women Act and HUD form 5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation.

