

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. Reason 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: _____

You must submit a copy of your 30-day notice to vacate, signed and dated by both you and your current landlord (this form will be provided by IHA once your move request has been approved)

3. Acknowledgement & Signature

I understand that this request is subject to approval by the housing authority and that I must comply with all HCV program requirements, including proper notice to my landlord and attending a move briefing (if required).

Signature of Head of Household: _____

Date: _____