



This form is available in alternate formats by request.

## Housing & Community Development

### Move on Program Request

I understand if I am planning to move at the end of my lease period, I must give Harford County Housing & Community Development at least thirty (30) days advanced written notice of my intent to move. Notification to my landlord must be given in accordance with the provisions of my lease.

I understand that the Housing Assistance Payments (HAP) Contract with the current landlord will cease as of the effective date listed below. I also understand that if a new HAP Contract is not executed, and I, the tenant, should remain in the unit beyond the termination effective date, I am responsible, in-full, for payment of all rent due.

Head of Household: \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Effective Date of Move (must be the end of a month): \_\_\_\_\_

Please attach to this form a copy of the notice to vacate that you have delivered to your current landlord. If this notice is not attached, this will delay your request.

Please be advised that you will be receiving an appointment to update your file.

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

WARNING STATEMENT: Title 18, Section 1001, of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

\_\_\_\_\_

HCHCD Staff Use Only

Appointment Date & Time: \_\_\_\_\_

Move Letters Sent: \_\_\_\_\_ Voucher & Lease Packet Issued: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_