



## Allen Metropolitan Housing Authority

600 South Main Street, Lima, OH 45804-1242

Phone: (419) 228-6065 Fax: (419) 228-1018

www.allenmha.com

### REQUEST TO MOVE PACKET

Head of Household Name (Last, First, Middle)	Email Address (Optional)		
Social Security Number	Telephone Number		
Address	City	State	Zip

If you are planning a move outside AMHA jurisdiction, please provide the following information:

Name of Housing Authority		Contact Phone Number (include area code)	
Name of Contact Person	Email Address	Fax Number (include area code)	
Address	City	State	Zip

### Instructions:

If you would like to move, AMHA must issue a new voucher for your household. Before AMHA will issue a new voucher, your eligibility must be determined. If you are under the initial term of your lease or you have received a voucher in the last 12 months, you are not eligible to receive a voucher.

You must provide ALL documents listed below for your move to be considered and all documents must be complete:

1. Complete the Request to Move
2. Complete the Certification of Good Standing with your current landlord
3. Complete the Section 8 Program Update Form along with all required verifications

Once you have been determined ineligible to move, you will receive a denial notice that includes the reason(s) you are ineligible to receive a voucher to move. If you are approved to receive a voucher to move, you will receive a letter in the mail along with a date your voucher will be ready for signatures.



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\*\*\*\*Please note that you MUST supply both the Housing Authority and the Property Owner/Manager with a written 30-day notice as outline in your lease\*\*\*\*

### Required Income, Asset, and Expense Verifications

#### Income Information: Please provide the following for all members

- For all employment, the 2 most recent and consecutive paystubs will be required.
- For all Social Security, SSI, SSDI or Survivors Benefit, a recent (dated within 60 days) statement of benefits indicating current monthly amount will be required.
- For all unemployment, a recent (dated within 60 days) statement of benefits indicating weekly or monthly amount and balance will be required. History printouts will also be accepted if information is current.
- For all Retirement/Pension or Workers Compensation, a recent (dated within 60 days) statement with monthly gross amount.
- For all OWF/DA/TANF Benefits, a recent (dated within 60 days) statement from Job and Family Services indicating the monthly amount and any current Sanctioned amounts.
- For all child support orders, a printout from the online portal of last 6 months for each case. This information must be provided regardless of whether or not you were receiving payments at that time. For each child in the household without a child support order a written statement must be provided indicating there is no court ordered child support case for that child.
- For all households reporting zero income, a zero-income verification form must be completed.

#### ASSETS: Please provide the following documentation for all members

- For all checking account, savings accounts, bank cards, and pay cards, please provide your most recent (dated within 60 days) bank statement, which should include your name and account number.
- For all investments accounts (certificate of deposit, stocks, bonds, money market, retirement accounts, trust funds, capital investments or cryptocurrency) and life insurance policies provide a current (dated within 60 days) statement listing the cash value.
- For all property, please provide documentation disclosing value of the property as well as any statements regarding income received from the rental of the property.

#### EXPENSES: Please provide the following documentation for all members

- If you pay child care, please provide a written statement from the provider listing the child(ren) that attend along with the amount paid and the name, address and phone number of the person providing care.
- If you have medical/disability expenses, please provide a payment history from the pharmacies, physicians, etc. indicating the anticipated yearly expense.

#### SCHOOL VERIFICATION: Please provide the following documentation for all members over the age of 18 who are currently attending school



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- For any adult full-time students, we will need to verify their status as a full-time student. This can be verified by obtaining a letter from the school on letterhead stating students name, status, and current address.

### PROPERTY OWNER/MANAGER CERTIFICATION OF GOOD STANDING

Tenant Name: \_\_\_\_\_

In order to properly and effectively move the above tenant under the Housing Choice Voucher (HCV) Program, Allen Metropolitan Housing Authority (AMHA) requires verification of good standing with the current Property Owner/Manager.

24 CFR 982.551 (e) Violation of the Lease: The family may not commit any serious or repeated violations of the lease. (f) Family Notice to Move or Lease Termination: The family must notify the Housing Authority and the Owner before the family moves out of the unit, or terminates the lease on notice to the owner.

#### **Part 1- To be completed only if the tenancy termination is in accordance with current lease obligations.**

Has the tenant completed the initial lease term and/or on a month-to-month rental agreement?

☐No ☐Yes, initial lease term ends or ended effective: \_\_\_\_\_

Does the tenant owe any back rent balances for rent charges or damages?

☐No ☐Yes, in the amount \$\_\_\_\_\_ \*\*\*Please attach current ledger verification

Have you reviewed all move out procedures with the tenant?

☐No ☐Yes

#### **Part II-To be completed only if the owner has agreed to a mutual rescission prior to the end of lease for other cause.**

Has the tenant violated the terms of the lease? Lease violations include but are not limited to unpaid rent, utility disconnection, and notice to vacate that is not in accordance with the lease...

☐No ☐Yes, list violation: \_\_\_\_\_

Has a resolution been made?

☐No ☐Yes, please explain: \_\_\_\_\_

Have you agreed to a mutual rescission of the lease?

☐No ☐Yes, if yes indicate the desired end date of the mutual rescission: \_\_\_\_\_

Continued

### PROPERTY OWNER/MANAGER CERTIFICATION OF GOOD STANDING



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I hereby certify that the information provided in this statement is true and complete to the best of my knowledge. I understand that AMHA will act upon this information quickly and any rescinding of this notice will require extensive evidence to overturn the issuance of a tenant voucher and legal action may be the only course of action pursuant to further claims.

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Tenant Printed Name

Tenant Signature

Date

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Property Owner/Manager Printed Name

Signature

Date