



Landlord's Certification of Notice to Move

Please answer the following questions as the HCVP requires verification to properly and effectively move participants with continued assistance.

Tenant Name: _____

Unit Address: _____

CFR24 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:

Has your tenant provided proper notice to vacate or non-renewal of the lease as prescribed in your lease?

Yes ___ No ___ Date furnished: _____ Effective Date of move-out: _____ *

*Please do not sign if the move out date is not within 60-90 days of the effective date. HAP will NOT be issued beyond the move-out date specified above. If an extension beyond the original move-out date has been granted, written documentation must be provided to hcvprecertificationsdept@rrha.com.

Will you allow for early release from lease? Yes ___ No ___

Does the tenant owe any balances for any rent?

Amount _____ Yes ___ No ___

Does the tenant owe any balances for any damages to the property?

Yes ___ No ___ If yes, what is the amount? _____

Is the tenant currently in good standing? Yes ___ No ___

Has the tenant violated the lease or any policies or provision therein? Yes ___ No ___

If yes, please explain _____

Has the property been inspected by Landlord/Agent for move-out as recommended by RRHA? Yes ___ No ___

If No, please explain _____

LANDLORD'S STATEMENT: I certify that the information provided in this statement is true and complete to the best of my knowledge. I understand that the Richmond Redevelopment and Housing Authority will act upon this information quickly and any rescinding of this notice will require extensive evidence to overturn the issuance of a tenant's voucher and legal action may be my only course of action pursuant to my claims.

Landlord Only: (Please Initial)

___ No HAP will be paid after lease end date; unless a letter has been submitted by Landlord & Participant to our offices that the lease has been renewed or an extension granted.

Participant Only: (Please initial)

___ I understand that my voucher may be rescinded for any damages that may have occurred to the unit after the completion of this form and/or after the move out inspection with the current landlord. If damages have occurred, I understand that I am solely responsible for the repayment of the repairs for those damages.

Signature of Landlord/Agent _____ Date _____

Email Address and Contact Number _____

Signature of Head of Household _____ Date _____

Email Address and Contact Number _____