

rev 2019

## Vacancy Payment Request Form

Instructions: For consideration of vacancy payment, please submit the information requested below not more than 60 days following the date the unit passes the UPCS\_V/HQS inspection. To avoid Duplication of Housing Assistance Payments, all approved vacancy payment requests are issued after the second calendar month following the unit(s) passed inspection

isseu inspection		
Date of Request	1 1	
Unit Address		
Tenant Name	Tenant ID#	
Owner Name & Address		
Owner Phone #	Owner Fax # Owner E-mail	
Move Out Date / /	Owner E-mail	
Initial Notification Date / /	Agency/Person Notified	
*If eviction, please attach proof		
and formal documentation		
Rent to Owner Received for Vacancy Period:	2	
Amounts Available from Security Deposit Retained by Owne	<u>\$</u> er**: \$	
**Amounts available from Security Deposit Retained by Owner refers to amou		
Owner/Agent Signature and Date***		
"By signing the line above the Owner/Agent certifies that the vacancy in no fault of	f the Owner and that the unit was vacant during the period	for which payment is
claimed. The Owner/Agent also certifies that the Owner has taken every reasonable		
1. Monthly Contract Rent	2. 80% of Monthly Contract Rent	\$
3. # of Months Vacant	4. Contract Rent for Vacancy Period	\$
5. 80% of Contract Rent for Vacancy Period \$		
6. Contract Rent for Vacancy Period - (Security Deposit Retai	ined + Rent Received by Owner)	\$
7. Total Vacancy Payment Amount (lesser of items 5 and 6)	<u>\$</u>	
Period Covered ///	to / /	
Authorized Signature	Date: Approv	Denv