



Rental Assistance Program
2415 Quail Drive
Baton Rouge, LA 70808
Fax: (225) 763-8881

Vacancy Payment Request Form

Instructions: **For consideration of vacancy payment, the vacancy form must be submitted to the Rental Assistance Program not more than 60 days following the participant's move-out date.** To avoid Duplication of Housing Assistance Payments, all approved vacancy payment requests will be issued after the second calendar month following the participant's move-out.

Date of Request _____ / _____ / _____

Unit Address _____

Tenant Name _____

Owner Name & Address _____

Owner Phone # _____

Owner Fax # _____

Owner E-mail _____

Move Out Date _____ / _____ / _____

Initial Notification Date _____ / _____ / _____

Agency/Person Notified _____

Reason for Move-Out* _____

*If eviction, please attach proof
and formal documentation _____

Rent to Owner Received for Vacancy Period: \$ _____

Amounts Available from Security Deposit Retained by Owner**: \$ _____

**Amounts available from Security Deposit Retained by Owner refers to amounts available after unit repairs. **

Owner/Agent Signature and Date*** _____

***By signing the line above the Owner/Agent certifies that the vacancy is no fault of 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 action to minimize the likelihood and length of vacancy.

1. Monthly Contract Rent	\$ _____	2. 80% of Monthly Contract Rent	\$ _____
3. # of Months Vacant	_____	4. Contract Rent for Vacancy Period	\$ _____
5. Inspection pass date	_____		
6. Assistance Paid thru date	_____		
7. Pay Code	_____		
8. Property Code	_____		
Period Covered	_____ to _____		
Authorized Signature	_____	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/>

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