

Vacancy Payment Request Form

Instructions: **For consideration of vacancy payment, please submit the information requested below not more than 60 days following the date unit pass a LHC inspection.** *To avoid Duplication of Housing Assistance Payments, all approved vacancy payment requests will be issued after the second calendar month following the inspection date.*

Date of Request _____ / ____ / ____

Unit Address _____

Tenant Name _____ Tenant ID # _____

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. 80% of Contract Rent for Vacancy Period \$ _____	
6. Contract Rent for Vacancy Period - (Security Deposit Retained + Rent Received by Owner) \$ _____	
7. Total Vacancy Payment Amount (lesser of items 5 and 6) \$ _____	
Period Covered _____ / ____ / ____	to _____ / ____ / ____
Authorized Signature _____	Date: _____ Approve <input type="checkbox"/> Deny <input type="checkbox"/>