

Please allow up to 30 days for processing your voucher

Participant: _____ **Phone Number:** _____

Address: _____

Yes No Participant to complete:

Are you in your first year lease? (If yes, written release or email from owner is **required**, or you are ineligible to move)

Are you going to be porting your voucher to another county or state? (If yes, we will send you a form to complete with the following information about the Housing Authority: the name, contact person, address, phone number, and e-mail address). *Per HUD guidance if the receiving Housing Authority is not absorbing AMHA will not be able to process your request.*

Are you under a repayment agreement and/or under cancellation? (If yes, you are unable to port until the balance has been paid and/or the cancellation process has been completed)

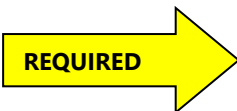
Has your family composition changed? (If yes, go to "Request a Change" at www.akronhousing.org)

I prefer my voucher: mailed picked-up Phone Number: _____

Notice: The new unit you choose must be equal to or less than our current housing assistance payment or your move will be denied. AMHA will give your previous landlord your forwarding address within 90 days after move-out from your current unit upon request.

Participant Signature _____ **Date** _____

Signatures are required by both client and owner prior to submitting to AMHA.



Planned Move Out Date: _____
If the client has not vacated the unit by the above date, both parties may agree to void or extend the move-out date. This may serve as your 30 day notice.

Attention Current Owner of the Property Listed Above

- If the participant owes any past due balance for rent, utilities or damages, the landlord has the right to address all monies owed in small claims court. If the landlord receives a favorable decision, the landlord should send that decision to the attention of the HCVP Manager so that AMHA can propose termination to the participant.
- Please be reminded that AMHA is not a party to your lease and cannot assist with collections of outstanding debts.
- Landlords participating in the Housing Choice Voucher Program are encouraged to utilize AMHA's Online Landlord Portal and to attend AMHA's Quarterly Landlord Meetings. (*Quarterly Landlord Meetings are listed on the Landlord Portal, AMHA Website at www.akronhousing.org or Quarterly Landlord Newsletter. To register for AMHA's Landlord Portal, please contact Al Prince at APrince@akronhousing.org or 330-376-9853*)

Owner Name: _____ **Owner Signature:** _____

Phone Number: _____ **Date:** _____

Any individual with a disability or other medical need who requires accommodation with respect to this correspondence should contact AMHA at (330) 376-9788.

Under Section 242 of the 2014 Appropriations Act, the utility allowance for a family shall be the lower of: (1) The utility allowance amount for the family unit size; or (2) the utility allowance amount for the unit size of the unit rented by the family. However, upon the request of a family that includes a person with disabilities, the PHA must approve a utility allowance higher than the applicable amount if such a higher utility allowance is needed as a reasonable accommodation in accordance with HUD's regulations in 24 CFR part 8 to make the program accessible to and usable by the family member with a disability.