

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).

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).

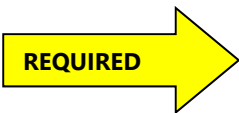
Has your family composition changed? (If yes, go to "Request a Change" at www.akronhousing.org)

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

Notice: 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 Clyde Elkins at 330-376-9853.*)

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

Phone: _____ **Email:** _____ **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.