

**ZIP CODE OF OPPORTUNITY VACANCY LOSS PAYMENT REQUEST FORM**

**Zip Codes of Opportunity: 44056, 44067, 44087, 44141, 44221, 44223, 44224, 44236, 44250, 44264, 44286, 44301, 44303, 44319, 44321, 44333, 44685**

Date: \_\_\_\_\_

Address of unit (including zip code): \_\_\_\_\_

Unit is vacant as of: \_\_\_\_\_

Previous tenant's name: \_\_\_\_\_

Previous tenant's contract rent: \_\_\_\_\_

Date unit was ready to be leased: \_\_\_\_\_

The above listed unit was re-occupied as of: \_\_\_\_\_

New tenant's name: \_\_\_\_\_

**Important notes:**

*All vacancy claims must be submitted within thirty (30) days after the new move-in order for payments to be approved.*

I am requesting a vacancy payment for 1 month's contract rent of the previous tenant.

Signature/Date: \_\_\_\_\_

Signature of Owner/Agent

Date

**\_\_\_ Approved      \_\_\_ Denied**

Signature of AMHA Staff/date: \_\_\_\_\_