



**CHATTANOOGA HOUSING AUTHORITY  
HOUSING CHOICE VOUCHER PROGRAM**

**REQUEST FOR CONTINUED OCCUPANCY**

**Head of Household:** \_\_\_\_\_

**Client #:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City** \_\_\_\_\_ **State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

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

**TO: Landlord/Owner** \_\_\_\_\_

**HAP to the landlord is abated due to failure to correct HQS deficiencies. I have been offered a Voucher to move. The landlord and I wish to continue the tenancy and correct the deficiencies before the HAP cancellation on \_\_\_\_\_ (60 days from abatement date). The unit will be ready for inspection on \_\_\_\_\_. I understand that if the unit has not passed inspection by the HAP cancellation date, and I am still living there, my Section 8 assistance will be terminated.**

**Landlord Name:** \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Household Signature:** \_\_\_\_\_

**I gave the landlord a notice to vacate the unit above on \_\_\_\_\_. I will not be ready to move on that date. The landlord agrees that I may remain in the unit until \_\_\_\_\_. Please continue HAP payments to the landlord until the new move out date.**

**Landlord Name:** \_\_\_\_\_

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Household Signature:** \_\_\_\_\_

**Received at CHA:** \_\_\_\_\_

**Staff Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_