



CHATTANOOGA HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

801 N Holtzclaw Avenue, Chattanooga, TN 37404

Email: relocation@chahousing.org

Phone #: (423) 752-4893

REQUEST TO RELOCATE

HEAD OF HOUSEHOLD NAME (voucher holder) _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

HOUSEHOLD MEMBER'S NAME	AGE	M / F

Are you still residing in the HCVP subsidized unit? YES NO

If not, what date did you move out of the unit? _____

HEAD OF HOUSEHOLD SIGNATURE _____

(THIS IS NOT A THIRTY (30) DAY NOTICE)

The family named above has requested to move from the assisted unit. Please provide the following information within 5 days so that we may respond to the request in a timely manner. If the move is approved, you will receive a written Thirty Day Notice of Intent to Vacate. Thank you for your cooperation.

MUST BE COMPLETED BY CURRENT LANDLORD

LANDLORD NAME _____

PHONE _____ EMAIL _____

Is this tenant still residing in your unit? YES NO IF NOT, what date did they move out? _____

Is an eviction pending? YES NO IF YES, please provide a copy of the eviction notice.

Did or will the above-named family break the lease by relocating? YES NO

Is the above-named family current with rent payments? YES NO

IF NOT, amount past due: \$ _____ Please provide a copy of the tenant rent ledger to support this claim.

LANDLORD SIGNATURE _____ DATE _____