



# CHATTANOOGA HOUSING AUTHORITY

## HOUSING CHOICE VOUCHER PROGRAM

[WWW.CHAHOUSING.ORG](http://WWW.CHAHOUSING.ORG)

Email: [rentincreases@chahousing.org](mailto:rentincreases@chahousing.org)

Phone #: (423) 752-4893

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### REQUEST FOR CONTINUED OCCUPANCY

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

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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Please check the appropriate box as it relates to your request for continued occupancy at the current address listed above.

#### CHOOSE ONE:

☐ Revised Move-Out Date

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 to the landlord until the new move out date.

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

Landlord Name: \_\_\_\_\_ (Printed)

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

☐ Cancel Move

I gave the landlord notice to vacate the unit above on \_\_\_\_\_.

I have decided to CANCEL my request to relocate. The landlord agrees that I may remain in the unit. I understand that I may be required to sign a lease renewal.

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

Landlord Name: \_\_\_\_\_ (Printed)

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