

## HOUSING CHOICE VOUCHER (SECTION 8) PROGRAM

400 u.s. highway #1, (marion gardens), Jersey City, new Jersey 07306 (201) 706-4678 fax: (201) 547-6755 tdd#: (201) 547-8989 www.jcha.us

(\*Must be submitted with Lease Termination Agreement)

## **MOVE REQUEST FORM**

Important!! If you wish to move outside the City of Jersey City to another city, **PLEASE DO NOT USE THIS FORM.** You must complete a **PORTABILITY REQUEST FORM**.

All of the following must be true:

E-MAIL ADDRESS:

- I have or will have completed my initial lease term by the time I move;
- I have not received a Notice of Participant Termination from the JCHA;
- ♦ I have not violated my Family Obligations: AND

ADDRESS:

• I have completed and attached a Lease Termination Agreement

OR

NAME:\_

• I have an emergency that requires me to move (enter details below).

PHONE #: ALTERNATI	E NUMBER:
LAST FOUR DIGITS OF YOUR SOCIAL SECURITY #: XXX	X-XX
If you need to move due to an emergency, please expla	in below:
Next Steps:	
The JCHA will review your request and determined if you are el be expedited. If the move is approved:	ligible to move. Emergency moves will
<ol> <li>The JCHA will schedule a briefing appointment to issue you day and a Request for Tenancy Approval Packet.</li> <li>The completed Tenancy Approval Packet will be reviewed by</li> </ol>	
3.) The selected unit will be subject to JCHA approval, including a physical inspection of the unit.	g rent reasonableness, affordability and
4.) Once the unit passes inspection, the JCHA will contact you a agreement. The JCHA will execute a HAP Contract with the i	<del>-</del>
Participant Signature D	Pate