

Preferred Owners Program
Request for Vacancy Payment

Instructions:

- Please fill out the form completely and return via:
 - Mail: **HCV Department, 200 Ross Street, 7th Floor, Pittsburgh, PA 15219.**
 - Fax: **(412) 456-5224**
 - Email/Scan: **HCVLandlordSupport@Hacp.org**
- The Landlord Support Team will review your request and contact you within 2 weeks.
- For questions or more information, please contact **Aly Reid, Landlord Outreach Coordinator,** at **(412) 456-5090 x3180** or via email at **Alyson.Reid@Hacp.org.**

Your Contact Information:

Name	
Phone Number	
Email Address	
Mailing Address	

Vacancy Payment Information:

Unit Address			
Name of Previous Tenant		Move Out Date	
Amount of Previous HAP		Number of months of vacancy payment you are requesting	<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months
Reason for Move Out			

I confirm that all information contained in this form is true to the best of my knowledge.

I understand that if my request is approved, I will receive a vacancy payment upon my leasing the unit listed above to another Housing Choice Voucher participant within 60 days of the previous tenant vacating.

Signature: _____

Date: _____

**Housing Authority
City of Pittsburgh**

200 Ross Street, 7th Floor /Pittsburgh, Pennsylvania, 15219
Tel: 412-456-5090 FX: 412-456-5224
www.HACP.org