

Moving Papers Process

(Tenant or Landlord Initiated)

Are you thinking about moving? Please follow the steps below to start the process to receive a voucher to move (also known as moving papers).

1. **Find a unit in which you are interested.**
2. Send your landlord a notice that you intend to move out, at the end of any given month (called the Notice to Vacate). The minimum notice is 30-days after your first year of your lease; you can give a 60-day or 90-day notice also. **Please allow yourself sufficient time to move from your current unit.**
3. Submit the following paperwork to your Housing Specialist (via email, mail, or fax)
 - a. A copy of the **Notice to Vacate** sent to the current landlord (emails are acceptable as long as the HACP can identify the landlord's email)
 - b. **Moving papers packet** containing all forms for all family members. If the household includes persons 18 years or older, then they will be required to complete other forms, same as when you complete the recertification process.
 - c. All forms of current **income** for all family members. If any adult household members do not have any income, please alert your Housing Specialist to provide a Zero Income Questionnaire and/or Affidavit.
 - d. All forms of current **assets** for all family members, including six (6) months of checking account statements, your current savings and/or prepaid card account statement, 401k and pension statements showing the amount you can withdraw while still employed, real estate, etc.
4. If you are moving outside of the City of Pittsburgh, another county or state, the HACP Out of Area Portability Request form containing the new housing authority's name and contact information must be completed. **Please note: This form is not applicable to ports (transfers) to Allegheny County Housing Authority.*

Once all the paperwork is received, your Housing Specialist will issue you a new voucher and Request for Tenancy Approval (RFTA). Your voucher will be active for 150 calendar days after it was issued; you and your new, prospective landlord must submit a RFTA to the HACP **before** the voucher expires. Please refer to your copy of the voucher for the expiration date.

Please contact your Housing Specialist if questions arise. If you do not know the name and/or phone number of your current Housing Specialist, please contact the main HCV phone number at **412-456-5090** or email hcv@hacp.org.



Notification of Housing Assistance Payments Termination

Dear HCV Participant:

This letter is to acknowledge your request for a new voucher to find housing since either you or your landlord has decided not to renew your lease agreement.

You have been issued a new voucher today, _____, which entitles you to find a new residence.

The Housing Authority of the City of Pittsburgh's (HACP) subsidy payment of \$_____.00 for _____ will be the final payment the HACP will provide to your current landlord unless you remain in your current residence.

If you remain in your current residence after _____, the HACP will continue to make its subsidy payment to your current landlord, but only if the following are true:

- The unit has passed its most recent HQS inspection
- You have provided your housing specialist with written notification you have remained in the unit.

Please note the following:

- You are required to notify your Housing Specialist in writing of when you have vacated the residence, within five (5) business days, so HACP will know to discontinue all subsidy payments thereafter.
- Failure to notify your Housing Specialist of having vacated the residence within five (5) business days may result in the termination of your participation in the HACP Housing Choice Voucher (HCV) Program.
- If, for whatever reason, you are issued a 30-Day Termination Notice, the voucher issued to you today will be cancelled, effective the date of the termination notice.

Your signature acknowledges you have received and understand this document. A copy of this letter will be mailed to your landlord. If you have any questions, please feel free to contact your Housing Specialist at **412-456-5090**, or **hcv@hacp.org**.

Participant Signature

Date

HACP Representative Signature

Date

cc: Landlord, Participant File

Family Obligations [24 CFR Section 982.551, as amended by MtW]

1. The family must supply any information that the HACP or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status (as provided by 24 CFR part 5). "Information" includes any requested certification, release or other documentation.
2. The family must supply any information requested by the HACP or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.
 - a. The HACP must receive all applicable documentation within 30 calendar days of the change for a family-initiated interim reexamination.
 - b. The HACP must receive all requested documentation by the deadline indicated on correspondence sent to the family requesting information for regularly scheduled reexaminations and interim reexaminations.
3. The family must report in writing all increases in household income, including new employment, and deductions of 10% or greater, within 30 calendar days of the date that the change occurred.
4. The family must disclose and verify social security numbers (as provided by part 5, subpart B, of this title) and must sign and submit consent forms for obtaining information in accordance with part 5, subpart B, of this title.
5. Any information supplied by the family must be true and complete.
6. The family is responsible for any Housing Quality Standards (HQS) breach caused by any of the following:
 - a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;
 - b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or
 - c. Any member of the household or guest damages the dwelling unit or premises (damages beyond ordinary wear and tear).
7. If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any HACP-approved extension).
8. If the family has caused a breach of the HQS, the HACP must take prompt and vigorous action to enforce the family obligations.
9. The family must allow HACP to inspect the unit at reasonable times and after reasonable notice, as described in Chapter 8 of the current HACP Housing Choice Voucher Administrative Plan.
10. The family must not commit any serious or repeated violation of the lease. Under 24 CFR 5.2005(c), an incident or incidents of actual or threatened domestic violence, dating violence, sexual assault, or stalking will not be construed as a serious or repeated lease violation by the victim, or threatened victim, of the domestic violence, dating violence, sexual assault, or stalking, or as good cause to terminate the tenancy, occupancy rights, or assistance of the victim.
 - a. HACP will determine if a family has committed serious or repeated violations of the lease based on available evidence, including but not limited to, a court-ordered eviction, or an owner's notice to evict.
 - b. Serious and repeated lease violations will include, but not be limited to, nonpayment of rent, disturbance of neighbors, destruction of property, or living or housekeeping habits that causes damage to the unit or premises and criminal activity. Generally, the criteria to be used are whether the reason for the eviction was through no fault of the tenant or guests.
11. The family must notify HACP and the owner before moving out of the unit or terminating the lease.
 - a. The family must comply with lease requirements regarding written notice to the owner.
 - b. The family must provide written notice to HACP at the same time the owner is notified.
12. The family must promptly give HACP a copy of any owner eviction notice.
13. The family must use the assisted unit for residence by the family. The unit must be the family's only residence.
14. The composition of the assisted family residing in the unit must be approved by HACP. The family must promptly notify HACP in writing of the birth, adoption, or court-awarded custody of a child. The family must also promptly notify HACP in writing of the marriage of a household member. The family must request HACP approval to add any other family member as an occupant of the unit. No other person [i.e., nobody but members of the assisted family] may reside in the unit (except for a foster child or live-in aide as provided in paragraph 16 of this section).

15. The request to add a family member must be submitted in writing and approved prior to the person moving into the unit. HACP will determine eligibility of the new member, including members added through marriage, in accordance with the policies in Chapter 3 of the HACP Housing Choice Voucher Administrative Plan.
16. The family must promptly notify HACP in writing if any family member no longer lives in the unit.
17. If HACP has given approval, a foster child or a live-in aide may reside in the unit. HACP has the discretion to adopt reasonable policies concerning residency by a foster child or a live-in aide, and to define when HACP consent may be given or denied. For policies related to the request and approval/disapproval of foster children, foster adults, and live-in aides, see Chapter 3 (Sections I.K and I.M), and Chapter 11 (Section II.B) of the HACP Housing Choice Voucher Administrative Plan.
18. Members of the household may engage in legal profitmaking activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
19. The family must not sublease or let the unit, assign the lease, or transfer the unit.
 - a. Subleasing includes receiving payment to cover rent and utility costs by a person living in the unit who is not listed as a family member.
20. The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any HACP-requested information or certification on the purposes of family absences. The family must cooperate with the HACP for this purpose. The family must promptly notify the HACP of absence from the unit.
 - a. Notice is required under this provision when any or all family members will be absent from the unit for an extended period. An extended period is defined as any period greater than 30 calendar days. Written notice must be provided to HACP at the start of the extended absence.
21. The family must pay utility bills and provide and maintain any appliances that the owner is not required to provide under the lease [Form HUD-52646, Voucher].
22. The family must not own or have any interest in the unit, (other than in a cooperative and owners of a manufactured home leasing a manufactured home space).
23. Family members must not commit fraud, bribery, or any other corrupt or criminal act in connection with the program. (See Chapter 14, Program Integrity for additional information).
24. The members of the household may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises (see §982.553). Under 24 CFR 5.2005(b)(2), criminal activity directly related to domestic violence, dating violence, sexual assault, or stalking, engaged in by a member of a tenant's household, or any guest or other person under the tenant's control, shall not be cause for termination of tenancy, occupancy rights, or assistance of the victim, if the tenant or an affiliated individual of the tenant, as defined in 24 CFR 5.2003, is the victim.. See Chapter 12 for HUD and HACP policies related to drug-related and violent criminal activity.
25. Members of the household must not engage in abuse of alcohol in a way that threatens the health, safety or right to peaceful enjoyment of the other residents and persons residing in the immediate vicinity of the premises. See Chapter 12 for a discussion of HUD and HACP policies related to alcohol abuse.
26. An assisted family or member of the family must not receive HCV program assistance while receiving another housing subsidy, for the same unit or a different unit under any other federal, state or local housing assistance program.
27. A family must not receive HCV program assistance while residing in a unit owned by a parent, child, grandparent, grandchild, sister or brother of any member of the family, unless HACP has determined (and has notified the owner and the family of such determination) that approving rental of the unit, notwithstanding such relationship, would provide reasonable accommodation for a family member who is a person with disabilities. [Form HUD-52646, Voucher]
28. Members of the household must participate in the Family Self-Sufficiency program in cases where hardship on the minimum rent apply.

Head of Household

Date

HACP Representative

Date

Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)
and the Housing Agency/Authority (HA)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 07/31/2021

PHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

IHA requesting release of information; **(Cross out space if none)**
(Full address, name of contact person, and date)

Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

PHA-owned rental public housing
Turnkey III Homeownership Opportunities
Mutual Help Homeownership Opportunity
Section 23 and 19(c) leased housing
Section 23 Housing Assistance Payments
HA-owned rental Indian housing
Section 8 Rental Certificate
Section 8 Rental Voucher
Section 8 Moderate Rehabilitation

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD’s assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

Head of Household	Date		
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
Spouse	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date
Other Family Member over age 18	Date	Other Family Member over age 18	Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.



ASSET QUESTIONNAIRE

Complete only one form per household; include assets of children.

Head of Household Name: _____
Last 4 of SSN: _____

Does anyone in your household have money in:	Yes	No	Name(s) on Account	Value
Checking accounts? Use the lines below for multiple accounts, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>		
Savings accounts? Use the lines below for multiple accounts, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>		
Direct Debit Accounts or other debit accounts?	<input type="checkbox"/>	<input type="checkbox"/>		
Money market funds and/or Certificates of Deposits (CDs)?	<input type="checkbox"/>	<input type="checkbox"/>		
Stocks?	<input type="checkbox"/>	<input type="checkbox"/>		
Bonds?	<input type="checkbox"/>	<input type="checkbox"/>		
Annuities?	<input type="checkbox"/>	<input type="checkbox"/>		
Trusts?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, are the trust(s) irrevocable?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Retirement accounts (401K, IRA, Keogh, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>		
Do you own a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, are you in the process of selling it?	<input type="checkbox"/>	<input type="checkbox"/>	N/A	N/A
Do you receive rental income from a home or other real estate?	<input type="checkbox"/>	<input type="checkbox"/>		
Any other assets not listed above?	<input type="checkbox"/>	<input type="checkbox"/>		
Have you disposed of any assets for less than Fair Market Value in the past two years?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, list the asset(s) you disposed of, the date of disposition, the fair market value and amount received: _____ _____				

My/our family member has closed the following asset accounts (attach additional sheets, if necessary):

ACCOUNT TYPE	BANK OR ENTITY NAME	ACCOUNT NUMBER (LAST 4)	NAME(S) ON ACCOUNT

I/we certify that the information presented in this certification is true and accurate. The undersigned further understand(s) that willingly and knowingly providing false representations and/or statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development herein constitutes an act of fraud and that false, misleading or incomplete information may result in the termination of housing assistance and felony charges under penalties of Title 18, Section 1001 of the U.S. Code. This statement is also made subject to the penalties of Title 18, Section 4904 of the Pennsylvania Statutes for unsworn falsifications to authorities.

_____ Signature of Head of Household	_____ Date	_____ Signature of Other Adult	_____ Date
_____ Signature of Other Adult	_____ Date	_____ Signature of Other Adult	_____ Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </div> </div>	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.