

Preferred Owners Program

Request for Vacancy Payment

Instructions:

Please fill out the form completely and return via:

- Mail: **HCV Department, 412 Boulevard of the Allies, 5th Floor, Pittsburgh, PA 15219**
- Fax: **(412) 456-5224**
- Email: HCVLandlordSupport@Hacp.org

The Landlord Support Team will review your request and contact you within 2 weeks. For questions or more information, please contact us via email at HCVLandlordSupport@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		Requested Number of months of Vacancy Payments	<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 also understand that if my request is approved, I will receive up to two (2) months vacancy payment of the previous tenant's Housing Assistance Payment (HAP) upon my leasing the unit listed above to another HACP Housing Choice Voucher participant or applicant.

Signature: _____

Date: _____