

11.2 Sample Choice-Mobility Request Form

CHOICE-MOBILITY VOUCHER REQUEST FORM

Date: _____

Client Number: _____

Head of Household Full Name (Print): _____

Property Name: _____

Present Address: _____

I certify the following:

1. I have lived in my current RAD unit for at least [1 year (PBV)/24 months (PBRA)].
2. Until a voucher is issued, a new unit located and approved, and I move out of my current unit, I will continue to pay rent and comply with all terms of the current lease.
3. I have received the Choice-Mobility Information Sheet from [PHA / Property Manager or Owner].
4. I understand that my name will be placed on [PHA's] Choice-Mobility Priority List if vouchers are unavailable.
5. I understand that I am permitted to use the tenant-based voucher to rent a unit in [PHA]'s jurisdiction or in another part of the country where a different PHA operates an HCV program.

HOH or Co-HOH Signature

Date

HCV Office Only

Date Received: _____

Date Acknowledgment Letter Sent: _____

Date of RAD conversion: _____

Date of move-in for above client: _____

Eligible? y/n

Admission Office Representative Signature: