



CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

801 N Holtzclaw Avenue, Chattanooga, TN 37404

www.chahousing.org

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Phone/Fax: (423) 752-4170

REQUEST TO RELOCATE

HEAD OF HOUSEHOLD NAME (voucher holder) _____

SOCIAL SECURITY NUMBER _____ BIRTH DATE _____

CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

HOUSEHOLD MEMBER'S NAME	AGE	M / F

HEAD OF HOUSEHOLD SIGNATURE _____

(THIS IS NOT A THIRTY (30) DAY NOTICE)

The family named above has requested to move from the assisted unit. Please provide the following information within 5 days so that we may respond to the request in a timely manner. If the move is approved, you will receive a written Thirty Day Notice of Intent to Vacate. Thank you for your cooperation.

MUST BE COMPLETED BY CURRENT LANDLORD

LANDLORD NAME _____

PHONE _____ EMAIL _____

Initial Lease Date _____ Current Lease End Date _____

Is an eviction pending? YES ☐ NO ☐ IF YES, please provide a copy of the eviction notice.

Will the above-named family break the lease by relocating? YES ☐ NO ☐

Is the above-named family current with rent payments? YES ☐ NO ☐

LANDLORD SIGNATURE _____ DATE _____