Lucas Metropolitan Housing
424 Jackson St
Toledo, OH 43604
419-259-9448 Fax 419-259-9495
TRS: Dial 711
www.lucasmha.org

REQUEST TO ATTEND REHOUSING CLASS
& Notice of HCVP Tenant Good Standing Status

Dear Property Owner:

I am requesting LMH's permission to begin the relocation process from my current address at:

_____ _____
Address City, State, Zip Code

I will be submitting this form to the Housing Choice Voucher Program office so that my eligibility to relocate can be determined. Since being a tenant in good standing is one requirement to be eligible to rehouse, I must have you complete the lower portion of this form. This notice **only serves as my request to attend a Rehousing Class** and is being used as a factor in the eligibility process of moving with continued assistance.

Prior to vacating, I will provide you with a Notice of Lease Termination in accordance with my lease requirements and Family Obligations of the HCV Program that will include my vacate date.

_____
Tenant Name (Printed)

_____ _____
Phone Email Address

_____ _____
Tenant Signature Date

***Participant/tenant must indicate current household members on page 2.**

THE CURRENT LANDLORD MUST COMPLETE THIS PORTION BELOW

Dear LMH, _____ who lives at _____
Tenant Name Tenant's Current Address

currently has a lease that expires on _____ and ☐ continues month to month

☐ self-renews.

The tenant ☐ is ☐ is *not* current with their portion of rent and utilities.

_____ _____ _____
Landlord Signature Phone Number Date

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***Participant* must list current household members and relationship below:**

Name of Household Member	Relation to Head of Household
	Self

FOR OFFICE USE ONLY

☐ Elective Move ☐ Mandatory Move

The following eligibility items have been reviewed:
☐ ITV notice has been completed and signed by landlord/alternative documents provided
☐ Special Program Requirements to relocate if applicable
☐ Lease Term
☐ Repayment Agreement if applicable
☐ Rent and Utility (water/sewer) are current
☐ Potential Program Violations
☐ Reasonable Accommodation Status/Update
☐ Eligible Voucher Size

☐ Participant is determined **Eligible** to relocate. May be issued a _____ bedroom voucher.

☐ Participant is determined **Ineligible** to relocate. Notification was sent to participant.

_____ _____
Housing Specialist Signature Date

If you need this document in a different language or LARGER FONT or it you need a reasonable accommodation (persons with disabilities), please call 419-259-9448 or TRS: Dial 711. Advance notice of seven days is required in order to arrange for interpreter services.