

NOTICE TO VACATE

I, \_\_\_\_\_, hereby serve notice of my intent to vacate my unit located at:

\_\_\_\_\_. I fully understand that I must provide my landlord with the proper notice as indicated in my lease agreement, along with providing a 30-day notice to vacate to the Liberty Housing Authority before a voucher and moving packet will be issued. I further understand that it is my responsibility to remain current on rent and utilities and failing to do so could prevent my ability to move and/or jeopardize my assistance. I will be vacating my unit on \_\_\_\_\_.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
*For Landlord to Complete*

I acknowledge that my tenant, listed above, has given proper notification of intent to vacate. I understand that my tenant is: (mark all that apply)

\_\_\_ Vacating the unit at the end of lease term: \_\_\_\_\_

\_\_\_ Breaking lease as of: \_\_\_\_\_

\_\_\_ Tenant is in good standings

\_\_\_ Tenant is not in good standings: reason: \_\_\_\_\_

I agree that my tenant is currently in good standing and owes no outstanding rent or utilities. I understand that it is my responsibility to enforce my lease if there is any breach of the agreement/lease on behalf of the tenant. I further understand that all HAP payment will cease as of aforementioned vacate date.

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

**Liberty Housing Authority**  
Move Application

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Email: \_\_\_\_\_

List ALL persons living in unit, including yourself:

Name of Family Member	Age	Relationship
1.		Head of Household
2.		
3.		
4.		
5.		
6.		
7.		

If you are asking to add NEW household members, check here \_\_\_\_\_

Are you on a Repayment agreement with LHA? Yes or no

List ALL sources of income: Employment, Child Support, Social Security, Gift, Unemployment, Alimony, Workers Compensation, etc:

**Must attach verification of all sources.**

Income Source, Case number, Rate	Estimated Annual Income

Is there ANY income you have not reported from the last 12 months? \_\_\_\_\_

If yes, explain:

\_\_\_\_\_

Complete the following if household members are employed:

	Employer #1	Employer #2
Name of Employer		
Street Address of Employer		
City, State and Zip Code		
Phone Number		
Family Member Employed		
Name of Employer		
Street Address of Employer		

City, State and Zip Code		
Phone Number		
Family Member Employed		

**ASSETS: Check and List ALL of the following your family has:**

Asset Description	Yes	No	Current Value	Income
			\$	\$
Checking Account			\$	\$
Savings Account			\$	\$
C.D.'s / Investments			\$	\$
Real Estate			\$	\$
Stocks / Bonds			\$	\$
Other			\$	\$
<b>TOTAL NET FAMILY ASSETS</b>			<b>ASSET INCOME</b>	\$

Child Care Expense paid by family: \$ \_\_\_\_\_ per week

Child Care is needed because:

\_\_\_\_\_ Adult household member is employed

\_\_\_\_\_ Adult household member attends school or job training program.

Medical Expenses	Paid To:	Total last 12 Months:
<b>COMPLETE ONLY IF ELDERLY OR DISABLED</b>		\$
		\$
		\$
		\$
		\$

List elderly persons in household (age 62 or older): Name: \_\_\_\_\_

List disabled persons in the household: Name: \_\_\_\_\_

List vehicles owned by household members:  
 Make / Model: \_\_\_\_\_ License #: \_\_\_\_\_

List a person we can contact in case of an emergency:  
 Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is any household member subject to a lifetime registration requirement under a state sex offender registration program? \_\_\_\_\_ If yes, list name and state: \_\_\_\_\_

Has any adult household member been charged with or convicted of a crime? Yes or No  
 If yes, please explain: \_\_\_\_\_

**Disposal of Assets Certification: Check the true statement below.  
Check only one statement.**

\_\_\_\_\_ I/We certify that I/we have not disposed of any assets for less than fair market value in the past two years.

\_\_\_\_\_ I/We certify that I/we have disposed of the following assets for less than fair market value in the past two years.

Type of asset \_\_\_\_\_

Date of disposal \_\_\_\_\_ Amount Received \$ \_\_\_\_\_ Market Value \$ \_\_\_\_\_

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Release: I/We give permission for the Liberty Housing Authority to disclose information to the Division of Family Services, Liberty Aging Services, Community Christmas Tree, United Services, Metropolitan Lutheran Ministries, In-As-Much, Love, Inc., Tri-county Mental Health, Mo Dept. of Mental Health, Office of the Public Administrator and local school district officials regarding reported household composition and income, rental assistance payments and utility reimbursement payments made in behalf of the household.

I/We certify the information given to the Liberty Housing Authority in this Application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are grounds for termination of housing assistance payments and may result in a report to the Inspector General, investigation and prosecution for fraud, and future denial of assistance from federally funded housing assistance programs.

I/We further understand the Liberty Housing Authority will release the following information to properly identified potential landlords: present address, name and address of the current landlord, name and address of previous landlords, know information about tenancy, history of drug trafficking by household members, information obtained and confirmed from law enforcement agencies and other criminal record checks.

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Head of Household

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Other Adult Signature

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Date Signed

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Date Signed

# INCOME REPORTING CERTIFICATION STATEMENT

INITIALS

\_\_\_\_\_ I/We understand it is our responsibility to report all income coming into our household for all household members. Including but not limited to Paychecks, self-employment, Social Security, Workers Compensation, Unemployment, Alimony, Child Support, etc. Failure to do so may result in termination of your Housing Choice Voucher participation.

\_\_\_\_\_ I/We understand when a family member turns 18, we must make an appointment for them to fill out paperwork. If they are a F/T student, they will be required to supply a class schedule, acceptance letter, or other form of verification supporting their F/T student status. Failure to provide this documentation will result in their income counting in household income. Failure to report them turning 18 and not having F/T student status may cause an overpayment in housing assistance that will need to be paid back. Failure to do so may result in termination of your Housing Choice Voucher participation.

\_\_\_\_\_ I/We understand increases in income must be reported within 15 calendar days and will take effect on the 1<sup>st</sup> of the month following the 30<sup>th</sup> day of the **effective** date of the change unless income was late reported.

\_\_\_\_\_ I/We understand decreases in income will begin on the 1<sup>st</sup> of the month. (Note that every family will be required to pay at least one month's increased tenants rent.)

\_\_\_\_\_ I/We understand any temporary interruption in income must continue for 30 consecutive days before the annual income and total tenant payment will be recalculated.

\_\_\_\_\_ I/We understand failure to report an increase in income may result in an overpayment of Housing Assistance Payments that will need to be reimbursed to the Liberty Housing Authority by our household. Failure to do so may result in termination of your Housing Choice Voucher.

\_\_\_\_\_ I/We understand failure to reimburse the Liberty Housing Authority for overpaid Housing Assistance Payments, because of un-reported, income will result in termination from the Housing Choice Voucher program and possible submission of our debt to the Missouri Debt Offset Program offered thru the Department of Revenue.

\_\_\_\_\_ I/We understand this information will be available to other Housing Authorities through the EIV system and may prevent us from applying/participating with them until this debt is paid in full.

\_\_\_\_\_ I/We understand in the case of missing, incomplete, or inaccurate information our case file may be turned over to the Office of Inspector General for investigation and/or prosecution.

\_\_\_\_\_

Head of Household

\_\_\_\_\_

Date

\_\_\_\_\_

Other Adult

\_\_\_\_\_

Date

## Notice of Portability

What is portability? The ability of a family to move from one PHA's jurisdiction to another.

### **Portability policies of the Liberty Housing Authority according to the Housing Choice Voucher Guidebook:**

#### **Section 2.1.1 HCV Guidebook Residency Requirements**

An applicant family must be allowed to move to another jurisdiction under portability provided that the head of household or spouse was a resident of the PHA's jurisdiction at the time the initial application for assistance was submitted and that all other portability for 12 months from the time the family is admitted to the HCV program. Once a HAP contract is executed on behalf of the applicant family, the family becomes a HCV participant.

Initial PHAs may allow portability moves during this 12-month period. The initial PHA may decide to allow portability when the move would respond to a special family need but not allow such moves in other instances. The PHA is required to document the exceptions to the residency requirements in regards to portability in the administrative plan. The PHA may also choose not to impose a one-year residency requirement and allow for portability immediately for all applicants.

Residency is determined based on the family's domicile at the time that the family initially submitted their application for assistance, not at the time they reached the top of the PHAs waiting list. Domicile means the legal resident of the HOH or spouse as determined by State and local law. The PHA needs to set a policy in the Admin Plan outlining how residency will be verified for those resident applicants wishing to exercise portability.

#### **Section 2.2 HCV Guidebook Family Responsibilities**

To begin the portability process, the family contacts the initial PHA to provide the name and the location to which the family wishes to move. If more than one PHA administers a voucher program in the area to which the family is moving, the family either chooses the receiving PHA or requests that the initial PHA make the choice. The family must notify landlord before moving out of the unit. The family is also responsible for providing proper notice to their current landlord in accordance with their lease agreement. Once the receiving PHA has been selected and the portability request approved, the initial PHA also advises the family how to contact eh request assistance from the RHA. The family is then responsible for:

- promptly contacting the RHA and complying with the receiving PHAs procedures for the incoming families
- submitting a request for tenancy approval (RFTA) to the RHA during the term of the RHA voucher

The family will also need to:

- Allow time for the RHA processes, such as:
  - Appointments at the RHA
  - Rent approval and inspection of the unit by the RHA

- Plan for extra expenses, including
  - Living expenses during the move
  - Security deposits
  - Move costs

If a family has moved out of their assisted unit in violation of the lease, the LHA will not issue a voucher and will terminate assistance.

**The LHA reserves the right to approve or deny the porting of a voucher to a jurisdiction outside of the LHA, dependent on the current utilization of baseline vouchers, payment standards of receiving jurisdiction, available funding levels, and willingness of receiving housing authorities to absorb.**

I have read the above and understand LHA's policy on portability.

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Spouse or Other Adult Member

\_\_\_\_\_  
Other Adult Member

\_\_\_\_\_  
Date