

J. D'AMELIA & ASSOCIATES LLC

Housing & Development Consultants
DOH Program

Must Be Completed by Tenant:

I, _____ do hereby give notice to my landlord that I intend to
move out of my unit located at _____.
Tenant Name Current Address

Effective: _____.

Tenant Signature: _____ Date: _____

Tenant Phone Number: _____.

Tenant Program: _____ Bedroom Size: _____

Must Be Completed by Landlord:

I, _____ do hereby acknowledge my tenant(s) intend to
move out of the unit effective _____.
Landlord Name

Landlord Signature: _____ Date: _____

Landlord Phone Number: _____.

*When the tenant's new unit passes inspection he/she will be given a date of when he/she needs to be out of the old unit and into the new unit. If for any reason the tenant's new unit is not ready and he/she needs to stay beyond the move out date identified above on this form, will you accept a prorated rent for the number of days that the tenant is still in the unit?

YES _____ NO _____ (please check and initial)

*If the tenant does not return the keys by the date we have given him/her to move out, the tenant will be responsible for any rent that is due, unless the unit is in abatement.

Please mail or fax this completed form to:
J. D'Amelia & Associates LLC
37 Brookside RD. Waterbury CT, 06708
Fax Number: (203) 591-9308



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Tenant Request to transfer to Another Housing Authority

Tenant Name: _____

Tenant Phone Number: _____

Criteria to follow in order to request to a transfer to another Housing Authority:

1. You MUST give proper notice to your current landlord of your intent to vacate, the notice should be signed by both you and the landlord with the move out date. Provide your landlord with a copy.
2. You MUST be in good standing with both J. D' Amelia & Associates and your landlord. (This means any monies owed to either or must be paid in full, no damage to the unit, repayment agreements must have a zero balance. etc.)

If criteria from is follow the tenant must supply the information listed below (If all information is not supplied it will cause a delay in your paperwork being sent.):

Where would you like your Section 8 Housing Choice Voucher to be sent?

Full Name of Housing Authority: _____

Full Address of New Housing Authority: _____

Phone Number of New Housing Authority: _____

Contact person at New Housing Authority: _____

E-mail for New Housing Authority Contact Person: _____

Fax Number for New Housing Authority: _____

I understand that the following information was supplied in order to determine if I may be transferred to the jurisdiction I have chosen. This DOES NOT guarantee that I will be transferred. I will be notified whether my paperwork was transferred or if it was denied.

Tenant Signature: _____

Date: _____

MUST BE RETURNED WITH RELEASE FORM

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