



Miami-Dade Public Housing Agency  
 Housing Choice Voucher Program  
 Florida Quadel, Contractor  
 P.O. Box 521750  
 Miami, FL 33152-1750  
 T 305-403-3222 F 305-629-1032  
 TDD/TTY Florida Relay Service,  
 800-955-8771 or Dial 711  
 miamidade.gov

**¡Este documento es importante, tradúzcalo inmediatamente!  
 Dokiman sa a enpòtan, tradui li tousuit!**

## Intent to Move - Change of Dwelling Request

The family listed below has advised MDHCV of its intent to move. MDHCV requires this *Intent to Move-Change of Dwelling Request* form to be **completed by the HCVP family** to verify the family's notice of its intent to move and the family's current status with lease compliance. Families not in compliance with HCV program and lease obligations may not be eligible to move. The HAP contract and HAP payments terminate automatically when the family moves from the unit.

### HCVP Family Head of Household complete this section only.

I, \_\_\_\_\_, HCVP participant, certify that I have provided notice of termination as required by the lease to the owner/agent, and to the Miami-Dade Housing Choice Voucher Program of my intent to move. I am attaching a copy of my notice to the owner/agent, which was submitted to him/her on \_\_\_\_\_ for the unit located at \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Property Street Address* *City* *State* *Zip code*

By \_\_\_\_\_, 20\_\_\_\_\_, I intend to be fully moved out and will return possession of the unit at the above address.  
*Month/day* *Year*

*I/We certify that the information given to the Miami-Dade Housing Choice Voucher Program is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for termination or participation in the Housing Choice Voucher Program.*

\_\_\_\_\_  
*Head of Household Signature* *Phone Number* *Date*

**NOTE:** Are there any changes to your household income or family composition? If yes, your interim change must be processed prior to the issuance of your COD. A Request for Interim Recertification form may be obtained by visiting our office located at 7400 Corporate Center Drive, Bay H. Mon.- Fri. 8:30 am - 4:30 pm.

### For MDHCV Office Use Only

Received at MDHCV by \_\_\_\_\_  
*MDHCV Staff* *Date*

Date(s) Owner contact attempted \_\_\_\_\_, 20\_\_\_\_\_; \_\_\_\_\_, 20\_\_\_\_\_

Is Family eligible to move?  Yes  No (If no, state reason below &/or attach documentation)

