



Carlos A. Gimenez, Mayor
www.miamidade.gov

**Public Housing and Community Development
Miami-Dade Housing Choice Voucher Program**

P.O. Box 521750
Miami, FL 33152-1750
TTD/TTY Florida Relay Service
1-800-955-8771 or Dial 771

Customer Service Number: 305-403-3222/ Fax: 786-358-5893
Si necesita ayuda con este formulario, llame al 305-403-3222
Si w bezwen asistans ak fòm sa a, tanpri rele 305-403-3222

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 MDHCV 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.

HCVF FAMILY HEAD OF HOUSEHOLD COMPLETE THIS SECTION ONLY

I, _____ MDHCV participant, certify that I have provided notice of termination as
Head of Household Name
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 _____
Date

for the unit located at: _____
Property Street Address City State Zip Code

By _____, I intend to be fully moved out and will return possession of the unit at the above address.
Month/Day/Year

Select reason for move:

- | | |
|--|---|
| <input type="checkbox"/> Unit is in abatement for HQS violations | <input type="checkbox"/> Family is over/under housed |
| <input type="checkbox"/> Reasonable Accommodation/VAWA | <input type="checkbox"/> Foreclosure – Final Judgment |
| <input type="checkbox"/> Payment standard reduction- tenant portion exceeds 40% of income. | <input type="checkbox"/> Voluntary |
| | <input type="checkbox"/> Other: _____ |

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

Notes:

- The Housing Choice Voucher Program will not process Intent to Move – Change of Dwelling request unless it is accompanied by a copy of notice to vacate the unit, which has been submitted to the owner/landlord. Please note that the notice to vacate must be submitted to the owner/landlord at least sixty (60) days prior to the intended vacancy date.**
- 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 (NW 19th Street) Miami, FL 33126 Monday through Friday 8:00AM – 5:00PM or our website www.miamidade.gov/housing/housing-choice-voucher.asp**

Guidelines for 60 Day Notice

The following is to be included in the “60 Day Notice”.

- | | |
|------------------|------------------------------|
| 1. Tenant Name | 4. Owner Contact Information |
| 2. Client Number | 5. Unit Address |
| 3. Owner Name | 6. Titled “60 Day Notice” |

***Please note that if a COD request is submitted 60 days prior to the lease effective date, it will not be denied.**

**** If the Notice does not include the above guidelines, it will not be accepted.**

