



Arlington DHS Housing Choice Voucher Program
 2100 Washington Blvd. 3rd floor
 Arlington, VA 22204
 Tel 703.228.1450 FAX 703.228.1042
 www.arlingtonva.us

MOVE REQUEST WITHIN ARLINGTON COUNTY- FORM

Head of Household Name:	Last 4 digits of SSN:
Address:	End date of current lease:
Telephone:	Date I will vacate my unit:

Please answer the following questions: Write "Yes" or "No"

Is your portion of the rent paid up to date?		
Are there damages to your unit beyond normal wear and tear?		
Has the owner given you an eviction notice?		
Do you owe money to Arlington County in connection with the HCV program?		

I understand that my responsibilities are:

- To provide the HCV Office with 60 days notice before I move.
- To attend a "Move" appointment.
- To provide a copy of the notice to vacate I give to my landlord.
- To be in good standing under my current lease.
- To turn in a RFTA packet before my voucher expires.

I certify that the information contained herein is true and correct.

WARNING! Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

_____ Date _____
 Head of Household

If you or anyone in your family is a person with disabilities and require a specific accommodation in order to fully utilize our programs and services, please contact the Housing Choice Voucher at 703-228-1450