



Raleigh Housing Authority

Request to Vacate Form

The moving process has changed in 2025!! - See page 2 for details.

How to Complete the Request to Vacate Form:

STEP 1: Once you locate and have been approved for the new unit, you will need to have the Request to Vacate form completed by both your current and new landlords. Completion by the new landlord will need to be returned with the documents.

STEP 2: Provide a written move out notice, per the terms and conditions of your current lease, with move out date to your current landlord. Make a copy and attach it to the completed Request to Vacate form. *(The move out date given to your current landlord will be the date that Raleigh Housing Authority will stop payment for the unit.)*

STEP 3: Have the new owner to complete attached form.

STEP 4: Return the three completed documents (Request to Vacate, Notice for New Landlord and Written Notice to Vacate with move out date) to Raleigh Housing Authority together.

STEP 4.1: Should the tenant decide to withdraw their written notice to vacate and remain in the unit AFTER the move out notice date has passed, you and the tenant will need to complete and submit the new leasing packet and begin the process from the beginning. **No HAP** payment will be released until the unit passes a new inspection.

STEP 4.2: Should the tenant decide to withdraw their written notice to vacate and remain in unit BEFORE the move out notice date has passed, you and the tenant will need to provide RHA with a written notice signed by the tenant and landlord agreeing to remain in the existing lease.

What Comes Next?

Once the forms have been received:

STEP 5: A criminal background will be pulled on all family members 18 years of age or older.

At the discretion of the RHA, on a case-by-case basis, a tenant's past criminal behavior may not necessarily bar them from the program. RHA may, in its discretion, take into consideration a variety of potential extenuating circumstances including but not limited to: whether violence was involved, whether a pattern of drug use or sales is substantiated by the record, whether a participant has gone through a recovery program, the disposition of a case, time elapsed since the criminal act, etc.

STEP 6: The family will receive the date to come in for the moving session to obtain the moving paperwork. Once the family receives the moving paperwork the family will take the form to the new landlord to complete.

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When determining your eligibility for a unit, the Raleigh Housing Authority uses the gross rent (contract rent amount plus estimated utility amount) as a basis for calculations.

The utility allowance provided below is an estimate based on your voucher's bedroom size:

0 Bedroom - \$179

1 Bedroom - \$194

2 Bedroom - \$300

3 Bedroom - \$366

4 Bedroom - \$432

Steps to Calculate Rent Range:

1. Find Your Small Area Fair Market Rent (SAFMR):

- Visit the Raleigh Housing Authority website: www.rhanc.gov
- Under Moving & Portability, locate the link to the Fair Market Rents chart.
- Choose the correct **SAFMR** based on your zip code and the size of your voucher.

2. Subtract Utility Allowance:

- The estimated **utility allowance** is based on your voucher bedroom size and can be found in the list above.
- Subtract the estimated utility allowance from the SAFMR for your zip code to determine your rent range.

3. Rent Range Calculation:

- **Contract Rent for Unit – Estimated Utility Allowance = Rent Range to Search For**
- This is the amount you should look for when searching for an apartment.

Example Calculation:

- **Voucher Size:** 2-Bedroom
- **New Unit Address:** 1234 Sunflower Ave, Raleigh, NC, 27501
- **Zip Code:** 27501
- **SAFMR** for 2-Bedroom in 27501: \$1,490
- **Utility Allowance:** \$300

Calculation:

- \$1,490 (Contract rent) – \$300 (Utility allowance) = **\$1,190 Rent Range**

ESTIMATED CALCULATION FOR YOUR NEW UNIT:

NEW ADDRESS: _____ ZIP CODE: _____ VOUCHER SIZE: _____

\$ _____ – \$ _____ = \$ _____ OR LESS.
CONTRACT RENT UTILITY ALLOWANCE RENT TO SEARCH FOR

Note: A PDF version of the SAFMR chart can be provided upon request via email.



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(FOR WAKE COUNTY RESIDENCES ONLY)

This form is not an official 30-day Notice to Vacate.

This form must be returned, and approval must be given for a family to move after this form is received by RHA.

Tenant's Name: _____ Phone: _____ SS# _____ (Last 4 digits)

Current Street Address: _____

City: _____ State: _____ Zip Code: _____

I understand that false statements of information and/or moving from my current unit while not in "good standing" (e.g., owing money for damages or delinquent rent) may be grounds for termination of my housing assistance and tenancy.

Tenant's Signature

Date

COMPLETION BY THE CURRENT LANDLORD is *REQUIRED* in order to begin the move process.

Tenant owes money for unpaid rent No _____ Yes _____ Owed as of _____ (date) Amount \$ _____

Please check one:

Tenant is in a yearly lease

Current Lease End Date: _____

Tenant is on a month to month

Have you performed a preliminary inspection of the unit to identify any tenant damages? Yes _____ No _____ as of _____ (date)

Damages cannot be assessed until after move-out.

Money for damages will be deducted from tenant's security deposit of \$ _____.

Damages exceed security deposit amount of \$ _____.

***DOCUMENTATION ON ALL MONIES OWED MUST BE PROVIDED TO THE RALEIGH HOUSING AUTHORITY WITHIN 10 BUSINESS DAYS AFTER TENANT MOVES OUT OF UNIT. *** **Please read STEPs 4.1 and 4.2 upon signing**

Property Manager or Owner your signature below indicates your acknowledgement and approval for tenant to vacate the unit on or before the written notice to vacate date they provided to you without any lease penalty.

Owner's Signature: _____ Date: _____

Phone: _____ E-mail Address: _____

Warning: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Privacy Act Notice: The collection, maintenance, use and dissemination of SSNs, Employer Identification Numbers (EIN) any information derived from SSNs and EINs, and income information under this subpart shall be conducted, to the extent applicable, in compliance with the Privacy Act (5 U.S.C. 552a) and all other provision of Federal, State and Local Law.



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Violence Against Women Act (VAWA) Notification: VAWA provides protections for victims of domestic violence, dating violence, stalking, or sexual assaults to prevent them from being denied admissions to or from losing housing solely as a result of being a victim. This protection extends to all household members listed on a housing assistance application or lease agreement. At any time it is made known to RHA that an applicant, resident or voucher recipient is a victim of domestic violence, RHA will pause its negative subsidy action to allow the victim the time needed to provide documentation/verification of the abuse.

Right to Reasonable Accommodation: Applicants and assisted families have the right to request reasonable accommodations. Please notify staff if you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services.

Please be aware that your new landlord may have to go through a pre-screening background check to participate in the Section 8 program with RHA. (Please allow 3-5 business days for background checks.)

COMPLETION BY NEW OWNER:

I am interested in renting the following unit to the above tenant. **I REALIZE THAT IT IS MY RESPONSIBILITY** to determine this tenant's suitability for renting my unit by conducting a screening (e.g., credit check, past landlord history check, etc.) prior to agreeing to rent and the signing of a one-year lease.

New Unit Address: _____

Requested Rent: \$ _____

(The ability for the tenant to afford the unit at your requested rent amount will be determined based on the tenant's income once the move packet is returned to RHA. A rent reasonable assessment to determine the unit's worth in comparison with unassisted units in the unit's ZIP code and two neighboring ZIP codes will be completed by our Inspections Division **after the initial inspection.**)

Owner's Name (Please print): _____

Owner's Signature: _____

Owner's Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Date: _____



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