Miami-Dade County CoC TBRA Program

PARTICIPANT REQUEST TO MOVE

(Not applicable to VAWA Emergency Transfer Request]

I,, understand that program rules require that advance notice to my PSH TBRA Provider of my intention to move at the expiration of my curr lease when my annual re-certification commences. I currently reside at:				
Street	Apt.	City	State	Zip
I hereby give no	otice of my intent to mov	ve when my lease	expire.	
	g approval to move from ving special circumstanc	-	ng prior to th	e expiration of my lease terr
and I desire to mov	e from my present locat	ion by		(date of proposed

CERTIFICATION

I certify the following:

- I have given, or will give, my present landlord at least thirty-day (30) advance notice in writing of my intention to move at the end of my lease term (unless the lease requires more advance notice) or my landlord has agreed in writing to an early termination of my lease due to special circumstances (attach landlord written agreement to early lease termination).
- I am not indebted to my present landlord on my portion of the rent at this time and I understand that I must continue to make my rent payments towards my present residence until I am authorized to move.
- There are no damages to my present residence beyond reasonable wear and tear at this time and I will maintain the residence in good condition until I vacate the unit.
- If I am moving early under special circumstances, I understand that I must undergo a new income recertification as part of the TBRA Program's Move-In Process.
- I understand that I must follow the TBRA Program Move-In Procedures.
 - I understand that I must locate to a new unit, which passes HQS inspection, within fortyfive (45) days of the approval of this Request to Move.

- I understand that in order to maintain my Program assistance, I will not move into a new unit until I have received written move-in authorization from the Miami-Dade County Homeless Trust (Homeless Trust). If I move to a new unit without written authorization, I will have committed a Class I Program Violation, resulting in my immediate termination from the Program.
- I understand that no rent payments will be made by the TBRA Program towards a new unit unless and until the Homeless Trust issues me a written Move-In Authorization. If I give money to a landlord to hold an apartment before issuance of move-in authorization by the Homeless Trust, I understand that I may lose that money if the unit fails inspection or is not approved by the Homeless Trust. Further, I understand that the TBRA Program will not reimburse me for any portion of those funds even if the unit is approved. The TBRA Program will not be responsible for any rent (or deposits) incurred or accrued as a result of occupancy prior to the date of the Move-in Authorization Notice.

I understand that falsely attesting to any of the above information will be grounds for immediate termination from the TBRA Program.

Client's Signature	Date
Print Name and Social Security Number	
PSH TBRA Provider Use Only	
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We have reviewed your request to move and	l hereby
Acknowledge your notice of intent to mo	ve at the end of your current lease term.
Approve your request to move based on lease term.	special circumstances prior to the end of your
We will send you a separate notice for a rece been sent one.	ertification appointment if you have not already
Authorized TBRA Program Signature	Date
Print Name and Title	
C: [Homeless Trust Housing Specialist]	