



MEMPHIS HOUSING AUTHORITY HOUSING CHOICE VOUCHER PROGRAM

Notice to Rescind/Extend Intent to Move

This form must be completed by the HCV program participant and the property owner or their authorized agent should a change of circumstance occur following MHA's prior receipt of the ***Voluntary Move/Transfer Notification*** form.

HCV Participant complete this section only.

I, _____, HCV program participant, having previously notified MHA and the owner of my intent to vacate the unit at

Property Street Address

Check One:

- Need to extend my move out date from the unit at the above address from my original notice date to this new date _____, 20_____, provided my voucher has not expired.
- No longer wish to move out and rescind/cancel the prior Notification to Move.

Head of Household Signature

Phone Number

Date

Property Owner or Authorized Agent complete this section only.

I, _____, owner/agent received notice from the tenant to extend or rescind moving from the above named unit.

- Check here if the current unit has been leased out to a new tenant and/or **will no longer be available** to the current HCV family.

Property Owner / Agent Signature

Phone Number

Date

For MHA Office Use Only

Received at MHA by _____
MHA Staff _____ Date _____

Date(s) Owner contact attempted _____, 20_____, _____, 20_____

Is voucher expired? ____ Yes ____ No