

EMERGENCY MOVE REQUEST

Instructions: This form should only be completed by families who need to move due to an emergency situation. Please complete this form in full and attach all supporting documentation.

Head of Household Name: _____ **Address:** _____ **Phone:** _____

Person Requesting Move (if different from above): _____
Subsidy Program: HCV PBV HOME TBRA TDAP

- Reason for Request:** (please check one)
- Domestic Violence and/or child abuse Intimidated victim or witness
 - Court stipulation / order waiving rent
 - 90 days in Housing Quality Standards (HQS) failure or Emergency HQS failure
 - Stoppage of utilities due to hazardous conditions Overcrowded conditions as verified by HPD
 - Foreclosure Rent Burden

Instructions: For each reason selected, please check all of the appropriate documentation that you are submitting. Please submit as much documentation as you can to support your request. All documents submitted must be current [within four (4) months].

Domestic Violence and/or Child Abuse

- Order of Protection (Criminal or Family Court) Police Report for Domestic/Criminal Incident
- Hospital Inpatient letter documenting assault Completed HUD Form 50066
- Advocacy letter from social service provider, ACS, medical professional, NY District Attorney, or US Attorney

Intimidated Victim and/or Witness

- Order of Protection (Criminal Court) Police Report (complaint 61) of threat or violence
- Advocacy letter from social service provider, NY District Attorney, or US Attorney

Foreclosure

- A copy of the foreclosure stipulation with the order to vacate the unit

Stoppage of Utilities Due to Hazardous Conditions

- Copy of notice from the utility company stating reasons that utilities were terminated

HQS Failure or Rent Burden

No documents Necessary

Court Stipulation/Order Waiving Rent Arrears

- Copy of court stipulation waiving rent arrears

Please provide a brief summary to support your request:

I certify that the above information and supporting documentation is true to the best of my knowledge. I understand that supplying false statements and information can lead to a denial of my emergency move request and jeopardize my housing subsidy.

 Tenant Signature

 Date

| | |
|---|--|
| For HPD Use Only | |
| Date Reviewed: _____ | Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Notes _____ | |
| _____ Director/Coordinator Signature | _____ Date |