

Tenant Move Out Certification

This form certifies that the below named tenant moved from the property and why the move occurred. Your responses help determine if the landlord or buyer of the property have any remaining responsibilities to you. Self-Certification is the preferred method of certifying reason for moving from a property.

[INSERT PROPERTY NAME]

TENANT SELF-CERTIFICATION

Full Name:			
Phone number:	Em	ail address:	
Initial Lease Start Date:	//	Initial Lease Expiration Date:	//
Date moved out of unit:	//		
Former Street Address:			Apt #
City:		Zip Code:	
Current Street Address:			Apt #
City:		Zip Code:	

Notice of Rights to Assistance

Please check all the boxes that you know to be true:

- □ I was given written notice of plans to redevelop the property and that I might have to move.
- □ I was informed and I understand that if I moved because of the construction, I may have the right to move back once construction is complete.
- □ I was informed and I understand that if I moved because of the construction, my household may be able to receive financial assistance, including rent difference and moving assistance payments.
- □ I was informed and I understand that by moving before the Relocation Specialist informed me of my rights that I am not able to receive assistance.
- Before signing my lease and moving in, I received and signed a written notice stating that this property was expected to be redeveloped and that I would not be able to receive any financial rent or moving assistance.



Self-Certification

Check all that apply:

- □ I voluntarily moved from my former residence/business location without coercion from current owner, prospective buyer, and/or property management.
- □ I was lawfully evicted or received a notice of non-renewal for (please describe):

□ I received a notice to vacate for (please describe reason):

□ I was not a legal occupant of the property.

Other (please describe):_____

I certify that the information above and any other information I have provided is true, accurate and complete.

Signature:_____

Date:	/	//	/

Brian P. Kemp Governor



STAFF CERTIFICATION

This Staff Certification section must be completed if:

- 1. The resident selected any option other than "voluntarily moved,"
- 2. There are extraneous circumstances (such as COVID-19) and tenant is uncomfortable with inperson contact or physical document exchange, or
- 3. The tenant is unresponsive to attempts for Self-Certification.

Name of Tenant Contact:

Phone number: _____ Email address: _____

Describe why the resident moved. If the household did not move voluntarily (i.e. eviction, nonrenewal of lease, displacement), include detailed description of violated policy with dates. Attach documentation of internal policies and violation(s).

Summary of Communication (Attach Documentation)

Date	Notice or Correspondence Type	Household Confirmed Receipt	Method Used (in-person, phone, email, letter)	Notes
x/xx/xxx	Eviction	Yes	letter	Violations x, y, z





If legal action was not pursued, explain why.

If household appealed or filed a complaint, describe complaint and outcome. Attach documentation.

Note attempts made for Self-Certification, unless (2) extraneous circumstances apply (such as COVID-19):

Date	Method Used	Contact Address	Detail	Result
x/xx/xxxx	phone	(xxx-xxx-xxxx)	Left detailed message with reason for call, requesting response and my availability	No call back by x/xx

I certify that the information above and any other information I have provided is true, accurate and complete.

Staff Printed Name:	Title:	

Staff Signature:

Date:	/	/
Dute.		/