



MEXICO HOUSING AUTHORITY

PO Box 484 – 828 Garfield Avenue – Mexico, Missouri 65265 Phone: (573) 581-2294 – Fax: (573) 581-6636 – www.mexicoha.com

REQUEST TO TRANSFER FOR SECTION 8

Full Name:		
Social Security Number:		
Day Phone #:		
Current Address:		
Current lease ends on:		_
Unit address of transfer:		
Landlords Name:		
Price of Unit:		
I understand that: Please initial each statement below:		
I will not be able to move until my of this to the MHA office. (Form attached on The unit must pass HQS inspection the unit. (attached RAFTA and lead agree returned to MHA in order to schedule an in I must bring MHA proof of all currents.	0-day written notice of vacand back side) n and be approved by MHA be ement must be completed by the proposition of the proposition of the proposi	cy and bring a copy of efore I may transfer to the new landlord and
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Failure to complete the above may result i	·	·
Client Signature:	Date:	_
"If you or anyone in your family is a person		

"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 contact the housing authority."

Vacate Notice to Landlord

I am hereby giving my current landlord and Mexico Housing Authority the required written 30-day advance notice to vacate due to a transfer to another unit. I certify that I will have all of my rent paid and my possessions removed from the unit on or before the vacate date noted below.

Vacate Date:		
Tenant Signature	Date	
Landlord Signature	Date	