



995 Worthington Street, Springfield, MA 01109
Telephone (413)734-5376 Fax (413)737-7949

**MHA/APG
PRENOTIFICATION MOVEMENT FORM**

****INCOME INFORMATION MUST BE ATTACHED FOR ALL MOVE-INS****

TENANT NAME _____ PROGRAM NAME _____

MOVEMENT TYPE

MOVE IN

MOVE OUT

BOTH

CURRENT ADDRESS _____ LANDLORD/HUD PROPERTY _____

UNIT # _____

CURRENT TELEPHONE # _____

REQUESTED ADDRESS #1 _____ LANDLORD/HUD PROPERTY _____

UNIT # _____

REQUESTED ADDRESS #2 _____ LANDLORD/HUD PROPERTY _____

UNIT # _____

REQUESTED ADDRESS #3 _____ LANDLORD/HUD PROPERTY _____

UNIT # _____

DATE OF BIRTH _____ SS # _____

REP-PAYEE _____

REP-PAYEE ADDRESS _____ REP PAYEE PHONE # _____

CHECK IF BOX IF DECEASED

TENTATIVE MOVE-IN DATE _____

TENTATIVE MOVE-OUT DATE _____

(ATTACH 30 DAY NOTICE TO LANDLORD)

****IF TENANTS BELONGINGS ARE NOT REMOVED AT TIME OF MOVE OUT, TENANT WILL BE CHARGED FULL MARKET RENT****

NEW LEASE EFFECTIVE _____ (ATTACH COPY OF LEASE)

TERMINATE LEASE EFFECTIVE _____

KEEP APARTMENT _____ NAME OF NEW TENANT _____

COMPLETED BY (PLEASE PRINT) _____ DATE _____

SUBMIT TO HOUSING COORDINATOR