



Project Based Voucher Program
 20 South Charles Street, Ste. 800
 Baltimore, Maryland 21201
 Fax: (410) 752-3770

VACANCY PAYMENT REQUEST FORM

Instructions: To apply for a vacancy payment, please submit the information requested below within 10 business days of the date the unit is re-leased. Vacancy Payment requests must be submitted no later than the last day of the third month following the month in which the Participant moved-out. No vacancy payment will be made if the unit remains vacant for a period of 120 days or more. All requests are to be e-mailed to bjefferson@brhp.org with the subject line reading "Vacancy Payment Request".

Date of Request _____/_____/_____

Unit Address _____

Owner Name & Address _____

Owner E-mail Address _____

Owner Telephone No. _____

Tenant Name _____

Move Out Date _____/_____/_____

Initial Notification Date* _____/_____/_____

Person Notified _____

*Please attach documentation evidencing date that BRHP was notified of Participant Move-Out

Reason for Move-Out** _____

** If eviction, please attach proof and formal documentation

Rent to Owner Received for Vacancy Period*** \$ _____

***Rent includes any tenant portion and HAP received by Owner

Amounts Available from Security Deposit Retained by Owner† \$ _____

†Amounts available from Security Deposit Retained by Owner pursuant to lease terms

By signing the line below, Owner/Agent certifies that the vacancy is not the fault of the Owner and that the unit was vacant during the period for which payment is claimed. The Owner/Agent also certifies that Owner has taken every reasonable action to minimize the likelihood and length of vacancy. Owner/Agent agrees to provide any additional information required and requested by BRHP to verify that the Owner is entitled to the vacancy payment.

Owner/Agent Signature _____ Date _____

Print Name _____

FOR BRHP USE ONLY

- | | | |
|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 1. Monthly Contract Rent | | \$ _____ |
| 2. Vacancy Period Covered | _____/_____/_____ to ____/____/_____
(1 st day of month following move-out month until date of re-lease or end of two month period, whichever is earlier) | |
| 3. # of Days Vacant during 1 st month | _____ Amount of Contract rent (pro-rated) | \$ _____ |
| 4. # of Days Vacant during 2 nd month | _____ Amount of Contract rent (pro-rated) | \$ _____ |
| 5. Contract Rent for Vacancy Period (Item 3 + 4) | | \$ _____ |
| 6. Disallowed Amount (Security Deposit Retained + Rent Received by Owner) | | \$ _____ |
| 7. Total Vacancy Payment Amount (Item 5 – 6) | | \$ _____ |

Authorized Signature _____

Date _____

Approve

Deny