



PROJECT-BASED VOUCHER PROGRAM VACANCY CLAIM

Please prepare a separate sheet for each vacant unit within the development. Vacancy Claims must be submitted to PHA within 10 business days of the end of the vacancy period for which the owner is requesting vacancy payment regardless if the unit has been re-rented.

Property Information:

Development Name:
Tenant Name:
Unit Address:
City: State: Zip Code:

Reason for vacancy (must indicate reason):

- | | |
|--|--|
| <input type="checkbox"/> Appropriate Size Unit | <input type="checkbox"/> Moved with Notice |
| <input type="checkbox"/> Eviction | <input type="checkbox"/> Moved without Notice |
| <input type="checkbox"/> Death | <input type="checkbox"/> Violation of Lease or Family Obligation |

Other:

Vacancy Information:

MOVE -OUT DATE	DATE RE-RENTED	AMOUNTS RECEIVED FROM THE TENANT OR OTHER SOURCES AS PAYMENT TOWARDS RENT FOR VACANCY PERIOD	CONTRACT RENT ON MOVE-OUT DATE

CERTIFICATION: I certify that this information is true and correct to the best of my knowledge. This claim has not been previously paid and agree to report any money received for this vacancy. The Owner/Agent did not cause the vacancy by violating the lease, contract or applicable laws. All feasible actions have been taken to minimize the likelihood and length of the vacancy including not rejecting any eligible applicants except for good cause. I understand that PHA may make reasonable inquiries to verify the vacancy and claim submitted and agree to provide any requested information.

Print Name: Title:
Signature: Date:
Phone No: Email:

Note: Vacancy Loss period begins the first day of the month following the move-out month and ends two full months following the move-out month or date re-rented. Please email Vacancy Claim to lballew@porthouse.org.

-For Office Use Only-

Vacancy Payment Approved: ☐ Yes ☐ No Total Amount Due:
Owner ID: Approved by:

14 Baxter Blvd., Portland, Maine 04101 Phone#: 207-773-4753