



Project-Based Voucher Relocation Approval

CLIENT NAME: _____ ENTITY ID: _____

PROPERTY: _____ ENTITY ID: _____

ORIGINAL PBV CONTRACT START DATE: _____

RELOCATION EFFECTIVE DATE: _____ (Relocation may not occur before this date in order to fulfill lease and HAP contract obligations).

I have verified that _____ has resided at _____ for at least 12 months under a Project-Based Voucher as of the relocation date stated above, and is eligible to relocate to another property. I have further verified that FWHS has a regular HCV voucher available to issue for relocation and absorption into the Housing Choice Voucher program. The regular HCV voucher will be good for 60 days, unless an extension is requested by the client and approved by FWHS before the expiration date.

FWHS STAFF

DATE

SUPERVISORY APPROVAL

DATE

Revised March 07, 2016

