



Request to Void Move

PARTICIPANT INFORMATION	
Head of Household: _____	Last 4 of SSN: _____
Phone: _____	Email Address: _____
Current Address: _____	
City: _____	State: _____ Zip Code: _____

Reason for Void:

By signing below, the tenant and landlord agree to void the move and continue / renew the current lease.

Head of Household Signature	Date
Landlord Signature	Date

Please Note: The tenant and landlord are required to submit new Request for Tenancy Approval (RTA) paperwork when the move is voided thirty (30) days past the Lease Termination Agreement effective date.

For Office Use Only

Accepted By: _____	Date: _____
<input type="checkbox"/> Non- Renewal <input type="checkbox"/> LTA <input type="checkbox"/> Annual <input type="checkbox"/> Biennial / Triennial <input type="checkbox"/> Case-Sensitive	

