

REQUEST TO RELOCATE

You may request to relocate only at your annual recertification. The request will take 30 days or more to process. Please do not call or leave a message for a status, your call will not be returned.

If this form is incomplete or documents are missing, your request will not be processed.

PLEASE PRINT AND WRITE LEGIBLY

Head of Household Name	Last Four of the Social Security Number
Current Address and Contact Information	n
Street Address and Apartment Number	City, State and Zip Code
Phone Number	Email Address
Date current lease expires on	
Attach a copy of your current lease; GHA will not pro	vide you a copy of your currentlease.
Have you notified your current landlord you are movin	ng? □ Yes □ No
Reason for the request to move	
Names of all adult members age 18 and older and a for each person:	Criminal Background Screening Release must be attached
1	
2	<u> </u>
3	<u> </u>
4	

Signature of Head of Household

5.

GALVESTON HOUSING AUTHORITY

REQUEST TO RELOCATE

Dear HCV Participant,

Before you complete the **Request to Relocate** form on the back of this letter, please review your current lease for the moving process and dates/deadlines between you and your landlord. Additionally, the following criteria must be met to voluntarily move:

- 1. You may request to relocate only during your annual recertification;
- 2. You have not moved in the last twelve (12) months;
- 3. All members of your household 18 years old or older must complete a **Criminal Background Screening Release** <u>and</u> pass the background check;
- 4. Your landlord must declare you are leaving the property and lease in "good standing."

You will not be able to move and your assistance may be terminated if:

- 1. If you or a member of your family fails the criminal background check based on standards established by HUD or this agency;
- 2. The landlord letter attests your family is not in "good standing" and provides sufficient proof to establish it.

If you believe you will be able to satisfy the criteria, you may submit the completed forms and a copy of your current lease (GHA will not provide you with a copy) to GHA in person or by mail.

If GHA determines you are eligible to move, GHA's Intake Department will mail you an appointment letter to complete the move process.

The request will take 30 days or more to process. Please do not call or leave a message for a status, your call will not be returned.

If you have any additional questions, please contact your case manager.

Sincerely,

Housing Choice Voucher Program Staff



Criminal Background Screening Release Form

The Galveston Housing Authority (Housing Authority) requires all applicants, residents or participants (Head of Household and all listed household members 18 and older) to submit to a criminal background screening. The background screening may be conducted prior to admission, at any recertification, prior to moves, or at any time relating to any alleged criminal violation for the purposes of determining your initial or continuing eligibility.

The Housing Authority will exercise all rights according to HUD guidelines to deny or evict any applicant, resident or participant who fails the background screening according to Housing Authority policies and procedures. Federal law also requires you to cooperate by supplying information regarding the criminal activity of all adult members of your household.

PRINT AND WRITE LEGIBLY

Head of Household		HoH Last Four of SSN	
HOUSEHOLD MEMBER INFO	RMATION	Phone number	
Address		City, State	
Last Name	First Name		_Middle Name
Date of Birth (mm/dd/yyyy)	<u> </u>	Gender 🗆	Male 🛛 Female
Last Four of SSN	Driver's License of	or ID No. & State	
Race 🗆 White 🗆 Black 🗆 Am	erican Indian/Alaska Na	tive 🗆 Asian 🗆 N	lative Hawaiian/Other Pacific Islander
□ YES □NO Have you ever been e answered yes to the question, state			CV/Section 8 or subsidized housing? If you the eviction(s)

□ YES □ NO Have you been arrested or convicted within the past three years of any misdemeanor or felony offense, or do you have any pending criminal charges? Include any charges for which you are currently on deferred adjudication. Do not include minor traffic offenses [such as parking tickets] or moving violations [such as speeding]. If you answered yes to the question, state the offenses, date and location of the offense(s)

□ YES □NO Are you subject to a registration requirement under any state sex offender registration program?

□ YES □NO Have you ever used any name other than the names you have listed above [maiden name]?

If you answered yes to the question, state any maiden or alias names you have used

I certify that the above information and answers provided is true and correct. I also understand that if any of this information is found to be false, my application or lease may be terminated at any time.

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than five years, or both.

Applicant, Participant or Resident Signature

Date

Staff Signature

□ Approved □ Denied, reason_____

Date