



Vacancy Payment Request Form

Instructions: Submit the information requested below to apply for a vacancy payment, while repairing excessive damage of unit, not more than 21 days following the participant's move-out date. **Marin Housing Authority will process requests for vacancy payments 30 days after the participant's move-out date and when unit is guaranteed to be rented to another qualified Section 8 Participant.**

Date of Request _____ / _____ / _____
Unit Address _____
Tenant Name _____ Voucher # _____
Owner Name & Address _____
Owner Phone # _____
Tenant Move Out Date _____ / _____ / _____
Reason for Move-Out _____

Please attach evidence of excessive damage prior to repairs being completed (Invoices/estimates or pictures of work/repair needed would be examples of evidence)

Rent to Owner Received for Vacancy Period: \$ _____

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

Amounts available from Security Deposit Retained by Owner refer to amounts available after unit repairs

By signing below the Owner/Agent certifies that the vacancy is in no fault of the Owner, that the unit was vacant during the period for which payment is claimed and is guaranteeing to rent to another qualified Section 8 Participant.

Owner/Agent Name _____

Signature _____ Date _____

MHA to complete this section

1. Monthly Contract Rent \$ _____ 2. Number of days vacant _____

3. Total Vacancy Amount \$ _____

4. Rent Received by Owner \$ _____

5. Total Rent for Vacancy Period (#3 minus #4) \$ _____

6. Total Vacancy Payment Amount (lesser of items 3 and 5) \$ _____

Period Covered _____ / _____ / _____ to _____ / _____ / _____

Authorized Signature _____ Date: _____ Approve Deny