



Project Based Voucher Program  
 1690 North Blvd  
 Baton Rouge, LA 70802  
 Fax: (225) 342-2079

## Vacancy Payment Request Form

**Instructions:** To apply for a vacancy payment, please submit the information requested below not more than 60 days following the participant's move-out date. *Louisiana Housing Authority will process requests for vacancy payments after the second calendar month following the participant's move-out.* This will avoid any potential duplicate Housing Assistance Payments.

Date of Request \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Unit Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Tenant Name \_\_\_\_\_ Tenant ID # \_\_\_\_\_

Owner Name & Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Owner Phone # \_\_\_\_\_ Owner Fax # \_\_\_\_\_  
 Owner E-mail \_\_\_\_\_

Move Out Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Initial Notification Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Agency/Person Notified \_\_\_\_\_

Reason for Move-Out\* \_\_\_\_\_  
 \_\_\_\_\_

\*If eviction, please attach proof and formal documentation \_\_\_\_\_  
 \_\_\_\_\_

Rent to Owner Received for Vacancy Period: \_\_\_\_\_ \$

Amounts Available from Security Deposit Retained by Owner\*\*: \_\_\_\_\_ \$

\*\*Amounts available from Security Deposit Retained by Owner refers to amounts available after unit repairs.\*\*

Owner/Agent Signature and Date\*\*\* \_\_\_\_\_

\*\*\*By signing the line above the Owner/Agent certifies that the vacancy is no fault of the Owner and that the unit was vacant during the period for which payment is claimed. The Owner/Agent also certifies that the Owner has taken every reasonable action to minimize the likelihood and length of vacancy.

1. Monthly Contract Rent	\$ _____	2. 80% of Monthly Contract Rent	\$ _____
3. # of Months Vacant	_____	4. Contract Rent for Vacancy Period	\$ _____
5. 80% of Contract Rent for Vacancy Period	\$ _____		
6. Contract Rent for Vacancy Period - (Security Deposit Retained + Rent Received by Owner)			\$ _____
7. Total Vacancy Payment Amount (lesser of items 5 and 6)		\$ _____	
Period Covered	_____ / ____ / _____	to	_____ / ____ / _____
Authorized Signature	_____	Date: _____	Approve <input type="checkbox"/> Deny <input type="checkbox"/>