



1300 Piccard Drive • Suite 203 • Rockville, MD 20850  
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 279-7617

### RELOCATION REQUEST

Before relocation requests will be considered  
**ALL utility bills must be attached for your current unit.**

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Date of Intended Relocation: \_\_\_\_\_

Reason for Relocation Request: \_\_\_\_\_

Eviction Notice Received: \_\_\_\_\_ Eviction Date: \_\_\_\_\_ Explain Below.

Received Notice to Vacate. Vacate Date: \_\_\_\_\_

Over/Under Housed. Family Composition: \_\_\_\_\_

Repair and/or Safety. Explain Below.  Financial Burden. Explain Below.

Medical Reasons. Explain Below.  Other/Explain Below.

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

For Evictions and Notices to Vacate, documentation **must** be attached.

Documentation Attached

Eviction Notice

Notice to Vacate

Utility Bills: \_\_\_\_\_

All utilities are included in my rent. I do not pay any utilities in my present unit.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

