



## HOUSING AUTHORITY OF BERGEN COUNTY

ONE BERGEN COUNTY PLAZA, 2<sup>ND</sup> FLOOR  
HACKENSACK, N.J. 07601

**PHONE:** 201-336-7600

**FAX:** 201-336-7630

[WWW.HABCNJ.ORG](http://WWW.HABCNJ.ORG)

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Dear Participant:

In regards to your request for information on relocating please read the following:

### Relocation Eligibility Requirements:

- Participant must be a tenant in good standing, i.e. have no outstanding debt to the owner.
- Participant must have been receiving assistance for at least one year in their current unit.

### Relocation Procedure:

- Participant must provide the completed *Move Out Notice* to the Assisted Housing Specialist. The notice must be signed by both the tenant and landlord.
- After the above notice is obtained a Leasing Specialist will schedule an appointment for the participant to receive a voucher for relocation. At or immediately preceding this appointment a review of the participant's current income and assets is required. At this meeting information regarding the voucher and rent limits will be provided.
- Should you wish to port out you will need to provide your Leasing Specialist with the following information: Name of PHA, Address of PHA, contact person name and number.

### Important Facts:

- The voucher for relocation will expire after ninety (90) days.
- The following documentation must be provided to the Assisted Housing Specialist **before an inspection of the unit is ordered**: completed Request for Tenancy Approval, Certificate of Occupancy (if applicable), Smoke Detector Certificate (if applicable), and state inspection.
- All required documents must be received **before assistance begins**. The required documentation includes: completed and passed inspection, copy of signed lease agreement and signed HAP contract between the landlord and the Housing Authority of Bergen County.
- Participants may relocate anywhere in the country, provided they have received assistance for at least one year. Please see the attached document regarding portability.
- Participant is responsible for all security deposit, realtor and credit check fees.

Should you have any questions or require further information, please contact your Assisted Housing Specialist.

Sincerely,

Housing Authority of Bergen County

**To all participants,**

Your Housing Choice Voucher is portable, which means that you are able to transfer to any of the United States Territories where there is a Public Housing Agency that has the Housing Choice Voucher program. The Public Housing Agency has the option to **absorb** or **bill** our agency for your voucher. A Public Housing Agency that is **absorbing** means they will assume all the costs for your voucher. A Public Housing Agency that is **billing** means they will bill our agency for the cost of your voucher.

It is your responsibility to provide the proper written notice to your landlord and caseworker at the Housing Authority of Bergen County when you decide to relocate. It is advised to have the name, contact person, telephone number, fax number and mailing address of the Public Housing Agency you would like to transfer to before you provide written notice. In addition, we will need to know if that agency is **absorbing** or **billing**.

If you have additional questions, please contact your caseworker directly. Below is a list of agencies within Bergen County.

Lodi Housing Authority  
50 Brookside Ave, Lodi, NJ 07644

Englewood Housing Authority  
111 West Street, Englewood, NJ 07631

Cliffside Park Housing Authority  
500 Gorge Rd #1, Cliffside Park, NJ 07010

Fort Lee Housing Authority  
1403 Teresa Dr., Fort Lee, NJ 07024



# MOVE OUT NOTICE

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

Tenant Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Move out Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently under a 12-month lease? (circle one) YES / NO

Do you owe rent to the landlord? (circle one) YES / NO

Tenant Signature: \_\_\_\_\_ Date \_\_\_\_\_

*The section below this line is to be completed by the Landlord/ Owner / Managing Agent ONLY.*

## LANDLORD SECTION

Landlord Name: (print) \_\_\_\_\_

Does the tenant owe past due rent as of today? \_\_\_\_\_

**IF APPROVED:** Please confirm move out date here: \_\_\_\_/\_\_\_\_/\_\_\_\_

**IF NOT APPROVED:** Please state the reason below.

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

Landlord Signature: \_\_\_\_\_ Date \_\_\_\_\_

***The HAP Contract terminates automatically if the lease is terminated by the owner; or the tenant or if the family moves from the contract unit.***