



Mod Rehab Program



Address PO Box 19028
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FAX 206-256-7026
TDD 1-800-833-6388
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MOD REHAB MOVE-OUT NOTIFICATION

TENANT NAME: _____ SSN: _____

BUILDING: _____ UNIT #: _____

DATE TENANT MOVED OUT: _____

- TYPE OF MOVE-OUT:
- _____ REGULAR/20-DAY NOTICE
(Provide a copy of 20-day notice)
 - _____ REGULAR/LESS THAN 20-DAY NOTICE
(Provide a copy of notice)
 - _____ ABANDONMENT
(Provide a copy of notice to tenant)
 - _____ EVICTION
(Provide a copy of final eviction notice)
 - _____ OTHER _____
(Provide a copy of any supporting documents, if any)

HAP ISSUES:

(If left blank, SHA will automatically pro-rate HAP for move-out month)

_____ BUILDING WILL KEEP HAP FOR
MOVE-OUT MONTH

_____ BUILDING OWES PRO-RATED
HAP TO SHA FOR MOVE-OUT MONTH

ADDITIONAL COMMENTS:

REPORTED BY: _____ DATE: _____