



MS-9870
 200 S Center St Building 1
 P.O. Box 1466
 Mesa, AZ 85211-1466
 Office (480) 644-3536
 Fax (480) 644-2923
 Lobby Hours: Monday-Thursday 7:00 a.m.-5:30 p.m., closed Friday

**Housing Solutions Program
 Vacancy Payment / Damages Request form**

Date of Request: _____
 Unit Address: _____ Mesa, AZ, 85 _____
 Owner Name: _____
 Owner Address _____
 City: _____ State: ____ Zip Code: _____
 Owner Phone #: _____ Fax #: _____ Email _____

Indicate if you are requesting Vacancy Payments or Payment for Damages.

- Vacancy payments:** Mesa Housing Authority will pay up to fourteen (14) days of vacancy payment up to \$1,000 (this is a pro-ration of your monthly rent per day up to 14 days). Based on the following options choose qualifying event.
- Leasing to another Housing Choice Voucher (HCV) participant after the move-out of a current HCV participant**

Name of former tenant only if HCV participant: _____
 Name of new tenant - must be HCV participant: _____
 Date New Tenant Moved-in: _____
 Dates unit has been vacant & are requesting _____ to _____
 Monthly rent charge to previous tenant: \$ _____
 Total vacancy rent you are requesting (monthly rent divided by # of days: \$ _____ (up to 14 days of rent)

For vacancy payments include the following: W9 Form Signed Lease

- Damages:** We can assist with the cost of damages to a unit that was previously leased by an HCV Participant, must be over and above the security deposit maximum of \$2,000 per unit.

Must submit request withing 30 days of tenant moving out.

Name of Tenant(must be HCV Participant): _____
 Date Tenant Moved out: _____
 Amount of tenant caused damages: \$ _____ Security Deposit paid by Tenant: \$ _____

Include the following: Signed Lease Detailed list of damages/estimates/receipts W9 Form

Owner/Agent Signature _____ **Date** _____

City of Mesa Housing will process requests for vacancy payments within (10) business days after request has been submitted. For questions, or to submit the paperwork, contact section8landlords@mesaaz.gov.

Claim must be submitted within 90 days of move-in.

For accommodations, such as braille, large print, or translation, please contact City of Mesa Housing and Community Development at (480) 644-3536, or AzRelay 7-1-1 for those who are deaf or hard of hearing.

Si necesita información en español por favor de llamar al 480-644-3536.

