



**Project Based Voucher
Vacancy Claim**

Project Name:		Owner's Name:		
		Owner's Address:		
Tenant's Name		Unit Address		
1. Tenant's move out date	2. Number of days taken to clean/repair the unit	3. Date unit ready for occupancy	4. Date unit was re-rented	5. Number of days vacant (not to exceed 60. Include day in line 3 but not day in line 4)
6. Contract rent at move out				
7. Daily contract rent (Divide contract rent by actual number of days in the move out month)				
8. Multiply line 5 by line 7				
9. Enter amounts paid by NHHFA or other sources				
10. Subtract line 9 from line 8				
11. Total amount due to owner				

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief. All claims have not been previously paid and are due and payable under Federal Regulations. The unit is available for occupancy during the vacancy period. The Owner/Agent did not cause the vacancy by violating the lease, contract or any applicable law.

Signature of Owner: _____ Date: _____

Vacancy claims should submitted within 6 months of when the unit became vacant.

PHA Use Only <input type="checkbox"/> Claim Approved \$ _____ <input type="checkbox"/> Claim Adjusted. \$ _____ Reason: _____ <input type="checkbox"/> Claim Denied. Reason: _____ Rental Assistant Manager's Initials _____ PHA Signature: _____

3/2018

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

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