



Indianapolis Housing Agency
1935 North Meridian Street
Indianapolis, IN 46202
Phone: (317) 261-7200 Fax: (317) 261-7265

Request to Move

Client Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Move-in date for address above: _____

Do you owe any delinquent rent? Yes _____ No _____

If "Yes", how much? \$ _____

Do you owe the Owner/Agent for any damages? Yes _____ No _____

If "Yes", how much? \$ _____

Why are you interested in moving to another property?

***I understand that this is a request to move only and I still must submit an *Intent to Move Form* signed by myself and the current Owner/Agent prior to moving out of my assisting unit. Failure to submit this information will result in a delay or cancellation of the move process.**

Client Signature: _____ Date: _____