

EMERGENCY MOVE REQUEST

**Please note:** This form should *only* be completed by families who need to move due to an emergency and/or required move. Please complete this form in full and attach all supporting documents.

**If you need to request a move due to Domestic Violence:** please complete the "Violence Against Women Act (VAWA) Accommodation Request" form, which can be found at the HPD website on the "Section 8 Forms" page (<https://www.nyc.gov/site/hpd/services-and-information/section-8-forms.page>) under the "Tenants" section and then the "VAWA" section.

**If you have a tenant-based voucher and need to request a move to a lower floor or elevator building because of a medical condition or a disability, please complete this form.**

**If you need to request a move because of a medical condition or a disability that requires an exception to HPD's move procedures:** please complete the "Reasonable Accommodation Request" form, which can be found at the HPD website on the "Section 8 Forms" page (<https://www.nyc.gov/site/hpd/services-and-information/section-8-forms.page>) under the "Tenants" section and then the "Accommodations" section. For more information about the move process, please see the "Tenant Rights" section of our website (<https://www.nyc.gov/site/hpd/services-and-information/section-8-rights-and-responsibilities.page>)

**Head of Household's Name:** \_\_\_\_\_ **Social Security Number (Last Four Digits):** \_ \_ \_ \_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Instructions:** For each reason selected in the left column, use the check boxes in the right column to select the documents you are submitting. Please submit as much documentation as you can. All documents submitted must be dated within four (4) months of submission.

Reason for your emergency move request:	Documents you are submitting:
<input type="checkbox"/> Request for a first-floor or handicap-accessible unit due to medical condition or disability	<input type="checkbox"/> Doctor's note or other supporting documentation from a licensed professional
<input type="checkbox"/> Intimidated victim and/or witness  <input type="checkbox"/> Child abuse	<input type="checkbox"/> Order of Protection <input type="checkbox"/> Police Report for Criminal Incident or threat of violence <input type="checkbox"/> Hospital Inpatient letter documenting assault <input type="checkbox"/> Advocacy letter from social service provider, medical professional, or government agency
<input type="checkbox"/> Foreclosure, court stipulation, order waiving rent arrears	<input type="checkbox"/> A copy of the foreclosure/court order stipulation with the order to vacate the unit/waiving rent arrears
<input type="checkbox"/> No electricity, heat, hot water, or other utilities due to hazardous conditions	<input type="checkbox"/> Copy of notice from the utility company or emergency services stating reasons that utilities were terminated
<input type="checkbox"/> 90+ days in Housing Quality Standards (HQS) failure	No documents necessary
<input type="checkbox"/> HQS "emergency" failure(s)	No documents necessary
<input type="checkbox"/> Overcrowded conditions as verified by HPD	No documents necessary
<input type="checkbox"/> I Received a <i>Required Move Notice</i> from HPD	No documents necessary
<input type="checkbox"/> I am no longer living in my subsidized apartment/house as of (date): _____  ✓ Please check a box at right and use the space at the bottom this form to tell us why:	<input type="checkbox"/> I was evicted (and I am providing the court documents if I have them) <input type="checkbox"/> I turned in the keys and gave up my apartment/house <input type="checkbox"/> I left my apartment/house, but I did not return the keys <input type="checkbox"/> I left for another reason (please explain in the space provided at the bottom of this form)
<input type="checkbox"/> I cannot afford my tenant share of the rent	Please explain why in the section below

**Please provide a summary to support your request (attach additional pages if needed):**

I certify that the above information and supporting documents are true to the best of my knowledge.  
I understand that supplying false statements and information can lead to a denial of my emergency move request and jeopardize my housing subsidy.

Head of Household's Signature

Date

Please return the completed form to the Move Unit by email: [Portability@hpd.nyc.gov](mailto:Portability@hpd.nyc.gov), by uploading to the DTR Portal at: [www.nyc.gov/dtrportal](http://www.nyc.gov/dtrportal), by fax to: 212-863-7103, or by mail to: NYC Department of Housing Preservation & Development, 100 Gold St, Move & Port Unit, New York, NY 10038.