



Landlord Vacancy Loss Form

The following items must be attached:

1. Letter accounting for tenant's security deposit as required by 47a-21, showing that the month claimed has not already been paid for out of tenant's security deposit;
2. If either tenant is not overseen by the Norwalk Housing Authority, a copy of the HAP contract for that tenant.

Landlord Name: _____

By signing this form, I affirm that I have reviewed all the contents and that the contents thereof and attachments thereto are true to the best of my knowledge, and that I have not been paid in any manner for the vacancy I am claiming a vacancy loss payment for. I understand that I must respond in a timely manner with any additional information requested of me by the Norwalk Housing Authority and that my failure to do so or provide adequate documentation may result in the denial of my claim in full or in part.

Signature _____ Date _____

Address of Unit: _____

Period of Vacancy: _____

Former Tenant's Name (Head of household name only) _____

Move-in Date _____ Move out Date: _____

New Tenant's Name (Head of household name only) _____

Move-in Date _____

FOR ADMINISTRATIVE PURPOSES ONLY; DO NOT COMPLETE

Amount of Vacancy Loss: _____ Date Approved _____

Approved by _____
Name Signature