



Rockville Housing Enterprises

1300 Piccard Drive • Suite 203 • Rockville, MD 20850
Main (301) 424-6265 Fax (301) 217-5857 TTY (301) 279-7617

RELOCATION REQUEST

Before relocation requests will be considered
ALL utility bills must be attached for your current unit.

Name: _____

Current Address: _____

Daytime Telephone Number: _____

Date of Intended Relocation: _____

Reason for Relocation Request: _____

Eviction Notice Received: _____ Eviction Date: _____ Explain Below.

Received Notice to Vacate. Vacate Date: _____

Over/Under Housed. Family Composition: _____

Repair and/or Safety. Explain Below. Financial Burden. Explain Below.

Medical Reasons. Explain Below. Other/Explain Below.

Explanation: _____

For Evictions and Notices to Vacate, documentation **must** be attached.

Documentation Attached

Eviction Notice

Notice to Vacate

Utility Bills: _____

All utilities are included in my rent. I do not pay any utilities in my present unit.

Signed: _____ Date: _____

