



**NOTIFICATION OF MOVE-OUT FORM**

Partner Agency Name: \_\_\_\_\_

Partner Agency POC: \_\_\_\_\_

Partner Agency POC Phone and Email: \_\_\_\_\_

Client HMIS ID: \_\_\_\_\_

Client First Name and Last Initial: \_\_\_\_\_

Client Unit Address: \_\_\_\_\_

Client City/State/Zip: \_\_\_\_\_

Date Unit Became/Will Become Vacant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Partner Agency POC

\_\_\_\_\_  
Date