



MS-9870  
 20 East Main St., Suite 250  
 P.O. Box 1466  
 Mesa, AZ 85211-1466  
 Office (480) 644-3536  
 Fax (480) 644-2923  
 Office Hours: Monday-Thursday 7:00 a.m.-6:00 p.m., closed Friday

# Landlord Incentive Program: Vacancy Payment Request Form

**Instructions:** Mesa Housing Authority will pay up to seven (7) days of vacancy payment up to \$500 (this is a pro-ration of your monthly rent per day of up to 7 days). This is an incentive to landlords who may qualify based on the following options:

1. Lease to another Section 8 family after the move-out of a current Section 8 participant.
2. For new Landlords or Former Landlords that have not been active in our program in the last 6 months and are willing to lease to a Section 8 family.

To apply for a vacancy payment, submit the information requested below. City of Mesa Housing will process requests for vacancy payments within 10 business days after request has been submitted.

## OPTION #1

If you are applying based on leasing to another Section 8 family after the move-out of former Section 8 family from your property, complete the following:

Date of Request: \_\_\_\_\_

Name of Former Tenant: \_\_\_\_\_

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

Date Unit became Vacant: \_\_\_\_\_

Name of New Tenant: \_\_\_\_\_

Unit Address (must be the same address as above): \_\_\_\_\_

Date New Tenant Moved-in: \_\_\_\_\_

## OPTION #2

If you are applying based on renting your property to a Section 8 participant and you have not been active in our program in the last 6 months or if you are a new Section 8 Landlord, complete the following:

Date of Request: \_\_\_\_\_

Owner Name & Address: \_\_\_\_\_

Name of Section 8 Participant: \_\_\_\_\_

Section 8 property Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

- W9 Form must be included
- Proof of Ownership included (Ex: Copy of the Property Deed)

For accommodations, such as braille, large print, or translation, please contact City of Mesa Housing and Community Development at (480) 644-3536, or AzRelay 7-1-1 for those who are deaf or hard of hearing. Si necesita información en español por favor de llamar al 480-644-3536.





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**PLEASE COMPLETE THE FOLLOWING:**

Vacancy dates for Rent Request: \_\_\_ / \_\_\_ / \_\_\_\_\_ to \_\_\_ / \_\_\_ / \_\_\_\_\_

Monthly rent charge to previous tenant: \$ \_\_\_\_\_

Requested rent to Owner for Vacancy Period: \$ \_\_\_\_\_ (up to 7 days of rent)

\_\_\_\_\_  
 Owner/Agent Signature

\_\_\_\_\_  
 Date

Fax (480) 644-2923 or email [Mary.Brandon@mesaaz.gov](mailto:Mary.Brandon@mesaaz.gov)

For any questions contact [Mary.Brandon@mesaaz.gov](mailto:Mary.Brandon@mesaaz.gov) or 480-644-5852

<b>PHA USE ONLY</b>	
Monthly Contract Rent	\$ _____
Vacancy Dates	___ / ___ / ___ to ___ / ___ / ___
Total Contract Rent for Vacancy Period	\$ _____
Total Vacancy Payment Amount Approved	\$ _____
Unit Re-occupancy Date	_____
_____ Authorized Signature	_____ Date
<p>_____ Approve      _____ Deny</p>	

