

HARRISONBURG REDEVELOPMENT AND HOUSING AUTHORITY

ABSENCE NOTIFICATION
HOUSING CHOICE VOUCHER PROGRAM

P.O. BOX 1071 + HARRISONBURG, VA 22803 Phone/VTDD 540-434-7386 + Fax 540-432-1113

SUBMIT TO REQUEST APPROVAL OF ABSENCE EXCEEDING 30 DAYS

Head of Household Name		La	st 4 of SSN To	oday's Date		
Home Address						
Mailing Address (if different)						
Home Phone	Cell/Other Phone	Em	nail Address			
Head of Household Signature						
Name of Temporarily Absent Household Member(s)		Start D	Date End D	End Date, If Known		
Reason(s) for absence:	tion Hospitalization	☐ Imprisonment	☐ Family Emergency	Other (describe)		
Details:						
If this form is being completed by so	meone other than the Head of H	dousehold, on their behalf	f, please specify: YES [☐ N/A (skip this section)		
Name of Person Completing This F	Form	Relatio	Relationship to Head of Household			
Agency/Organization & Title, If App	licable	Phone	Phone Number			
Signature		Date				

ABOUT ABSENCES (Admin Plan Section 6.2.5 and 24 CFR §982.312)

- The family must promptly notify HRHA of any absence (i.e., if no member of the family is residing in the unit)
- The family must request permission from HRHA for absences exceeding 30 days.
- HRHA will make a determination within 5 business days of the request.
- Unauthorized absences that exceed 30 days will result in termination of assistance.
- An authorized absence may not exceed 180 days.
- Under no circumstance may the family be absent from the unit for more than 180 consecutive calendar days.
- The family must cooperate with HRHA and supply any information or certification requested by the HRHA to verify that the family is living in the unit, or relating to family absence from the unit, including any HRHA requested information or certification on the purposes of family absences.

HRHA OFFICE USE ONLY	Initials:	APPROVE	DENY	Response Notice Date: