

NOTICE OF INTENT TO VACATE

(Notice must be returned prior or during your relocation appointment)

Tenant (HOH) Name: _____ Date: _____

Please note; I intend to vacate the residential property located at:

Street Address	City	State	Zip Code
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☐ I fully understand that after I submit this notice I must be issued a Voucher and a move out packet before I move.

Vacate Date (Must be dated the last day of a Month): _____

Tenant:

- ☐ I understand my request to vacate is contingent upon a review of the information provided by the current landlord.
- ☐ I understand that I must turn in the keys and move out completely from my unit by the vacate date stated above.
- ☐ I also understand that I must clean unit and repair any damages caused by my family before vacating.
- ☐ I understand that it is my sole responsibility to pay any and all deposits to any future landlords prior to move in. In the event decide to remain in the unit, I must notify the S8 office in writing within (10) business days before my move out date. If I do not notify the office as required, I understand that I am responsible for the following months full rent

Tenant Signature: _____ Telephone: _____

Spouse/Co-Head Signature: _____ Date: _____

Landlord: Please Provide Information Requested BelowClient request granted: ☐ Yes ☐ No

Request denied due to current lease does not expire until: _____

Does this client owe a balance with landlord? ☐ Yes ☐ No

If yes, what is the amount due? _____

Signed: _____

Title: _____

Phone: _____

To be completed by Section 8 Representative

Section 8 Technician _____ Tenant RX Month: _____