

REQUEST TO RESCIND NOTICE TO VACATE

This agreement rescinds the 30 – 60 Day Notice to Vacate request submitted to your office on

_____. The Notice to Vacate stated that _____
(Date Submitted) (Head of Household Name)

would vacate the unit at _____ on

_____.
(Vacate Date)

I, _____ am unable to vacate the above unit and hereby request
(Head of Household)
a continuance of the Housing Assistance Payment Contract (HAP) and Lease Agreement, continuing payment to owner.

The signatures below indicate our mutual agreement to this request to rescind the Vacate Notice and to continue the HAP Contract and Lease Agreement.

It is understood that should any party fail to agree to this continuance, the request will be denied.

(Head of Household Signature)

(Date)

(Property Owner/Agent Signature)

(Date)

(Signature of Section 8 Representative)

(Date)

☐ Staff request to VOID Voucher