

Section 8 Tenant's NOTICE OF INTENT TO VACATE

Today's Date: _____ Resident Phone #: _____
Resident's Name: _____
Current Unit Address: _____
Landlord Name: _____

I intend to vacate and turn in keys for my current address listed above by:
My last day in the unit will be: _____
My forwarding address is: _____
My reason for moving is (optional): _____
 I wish to move **with** continued assistance. I understand that I must contact my Section 8 worker to schedule an appointment to determine eligibility for a unit transfer voucher before moving.
Resident Signature: _____ **Date:** _____

Tenant's NOTICE of RELEASE of ASSISTANCE from VOUCHER PROGRAM
 I will be moving **without** assistance check here and sign statement below:
 As of _____ I no longer want or require assistance from Graham Housing Authority and the Section 8 Program.
Social Security Number: _____
Resident Signature: _____ **Date:** _____

***** THIS SECTION TO BE COMPLETED BY LANDLORD *****
READ CAREFULLY AND CHECK ONLY THE ONES THAT APPLY
____ I ACCEPT THIS NOTICE OF INTENT TO VACATE AND VERIFY THAT THERE IS NO EVICTION IN PROCESS.
____ I am okay with the tenant moving out early, before the last day of notice.
____ Extensions to the original move out date are available upon tenant request & landlord approval; If approved, landlord will notify GHA in writing.
____ Tenant must stay thru the last day of notice; last day in unit is: _____
____ **I am not releasing the tenant to move** because of the following lease violation(s):
Court papers: ____ were filed on _____ & are attached with this form. ____ Will be filed on _____.
Comments:

NOTE: HAP will be paid (unless unit is ABATED) until GHA is notified that the tenant has moved from the property or until the tenant leases a new unit. If HAP has been paid and the tenant leases another unit or moves out before end of month, the landlord will reimburse GHA for the days the tenant is not in the unit. LL will be paid HAP normally but will have to reimburse GHA for the days in the month that the tenant moved or leased a new unit.
Landlord Name/Company: _____ Landlord Phone Number: _____
Landlord Signature: _____ Date: _____

cc: Graham Housing Authority
109 E. Hill Street (PO Box 88)