



NOTICE TO VACATE/TERMINATE HOUSING

Date: _____

Tenant Name: _____ Tenant Phone Number: _____

Address: _____ City, State, Zip: _____

I am giving notice that I will be vacating the above unit on the following date: _____

Thank you for your consideration of this matter,

_____ Date Submitted _____ Tenant Signature

***** Notice to Vacate should coincide with the lease ending date and HAP Contract unless relocation has been approved by Gainesville Housing Authority for emergency reasons. Landlords/Owners will not receive payment from Gainesville Housing Authority after the move out date.

Please check whichever applies: _____ I want to relocate with assistance; _____ I want my housing terminated on the date specified above.

(To be completed by Landlord/Owner)

Does the tenant owe the landlord any money for rent or damages? NO _____ YES _____, If yes, how much? \$ _____ (Attach applicable supporting documents)

Condition of Unit (Remarks) _____

Landlord or Landlord Representative (Print Name) _____

Signature _____ Date Notice accepted _____

Date Received by GHA _____ GHA Staff _____