



Growing Communities One Family At A Time  
For More Than 70 Years

### Housing Choice Voucher Program

200 Washington Street  
Huntsville, AL 35801t  
Mail: P.O. Box 486  
Huntsville, AL 35804

TEL: 256.539.0774 FAX: 256.539.5982 TDD: 800.545.1833, Ext 903

## NOTICE TO VACATE

### Program Requirements:

- The family must comply with lease requirements regarding written notice to the owner.
- The family must provide at least 45 days written notice to HHA in advance of the owner notification.

### Instructions:

- Complete tenant portion (only) and submit this form to caseworker. Do Not give to landlord to complete.
- Attach copy of the notice given to the landlord

Head of Household Name:

Last 4 digits of SSN:

Address:

Phone:

Email Address:

Vacate Date:

Landlord:

*This serves as my formal notification of my decision to relocate from the above mentioned unit by the conclusion of the lease term, which is \_\_\_\_ / \_\_\_\_ / \_\_\_\_.*

#### **Please complete and initial next to each item:**

I understand that the unit must be free of any damage caused by me, family members or guests and that I must be current with all rent due to the landlord.

If for any reason I am unable to move as indicated, I must have your written approval to remain in the unit, and provide written proof from the landlord.

I understand that I/We may be denied move with assistance for the following reason(s):

- moving during the family's initial lease term
- moving more than one elective move during any 12-month period
- making an elective move if the family currently owes debts to their landlord and/or HHA
- excessive damage to an assisted unit
- under eviction

I understand that this notice MAY NOT be extended or terminated without the explicit written approval of Huntsville Housing Authority. **HHA makes no guarantee that an approval will be granted to extend or terminate this notice.**

Participant Signature:

Date:

### TO BE COMPLETED BY LANDLORD/OWNER

Is the family current with their share of rent?  Yes  No Amount Owed \$\_\_\_\_\_

Have you filed for eviction?  Yes  No

Does the unit have tenant-caused damage?  Yes  No Cost of damages \$\_\_\_\_\_

Will the tenant be breaking the lease?  Yes  No

Are you releasing the tenant from the lease?  Yes  No

Other

**Please return this document to HHA within ten (10) days. If we do not get a response, we will assume that you have no objections to the move. A self-address stamped envelope is enclosed for your convenience.**

Landlord/Owner Signature:

Date:

**HHA OFFICIAL ONLY**

**Approved Date:**

**Denial Date:**

**Denial Reason:**

**Caseworker Signature:**

**Date:**