

NOTICE OF INTENT TO VACATE

(To be completed by Family when requesting to move)

TO: LANDLORD

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Head of Household: _____

Address: _____

City: _____ State: _____ Zip Code: _____

This is an official notice of my intent to move from the unit at the end of the lease period, which is _____. I understand that the unit must be free of any damages caused by me, family members or guest and that I must be current with all rent due to you. If for any reason I am unable to move as indicated, I must have your written approval to remain in the unit.

Expected date to move from current unit: _____

Client Signature: _____ Date: _____

HHA Staff Rep: _____

REQUEST TO RELOCATE

Date of Request: _____

Head of Household: _____ Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

Adult Family Members:

Name: _____

Name: _____

Expected date to move from current unit: _____

(Attach copy of the Notice to the Landlord)

Huntsville Housing Authority (HHA) requires a reasonable period of fifteen (15) days to process this request. During this time we will **(1)** check the criminal records of all adults aged 18 and over; **(2)** Request tenancy information from the current landlord; **(3)** Determine if you owe any debt to HHA or any other public housing authority; and approve or disapprove your move. We will not issue a voucher if there is a pending eviction or pending termination until the issue is settled. If you are approved, you will be notified in writing to attend a Relocation Briefing.

Client Signature: _____ Date: _____

HHA Use Only: _____

Letter to Landlord: _____

Approval Date: _____ Denial Date _____

Reason for Denial: _____

HHA Staff Rep: _____

REQUEST FOR LANDLORD INFORMATION

Date of Request: _____

The family named below has requested to move from the assisted unit with voucher assistance. Please respond to the following questions so that we may determine if the family is eligible to move at the expected time.

Head of Household: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Adult Family Members:

Name: _____

Name: _____

Expected date to move from current unit: _____

The following is 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 damages? 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 _____

Owner/Landlord Signature: _____ Date: _____

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.

HHA Staff Rep: _____

Signature: _____