



1400 Oakside Drive #76 Canton, GA 30114
Main: 770-479-4969 Fax: 770-479-8118
TDD: 770-479-6988

Intent to Vacate

Date: _____

I _____ hereby serve notice of my intent to vacate the
(Name of Head of Household)

dwelling located at _____ on or before
(Unit Address)

midnight _____. By submitting this notice, I understand that I
(Date of Vacate)

must vacate this property on or before the date identified above, leaving the premises in good condition as set forth in the lease. If I do not vacate by midnight on this date, I understand that I am responsible for any rent charged by The Housing Authority of the City of Canton and/or may be subject to eviction. According to the lease, I understand that I am required to maintain the unit in a decent, safe and sanitary condition during the entire term of the residency and will be responsible for any damages caused by my household. I understand that I will be charged an additional fee of \$130 if I fail to submit all copies of the unit keys prior to my departure. I also understand that I must inform The Housing Authority of the City of Canton of my new address or forwarding address to receive information regarding my move-out inspection and security deposit. I understand that all information regarding my deposit. I am aware that this notice of my intent to vacate is final and if I wish to reside in a Housing Authority of the City of Canton unit in the future, I will need to re-apply.

Forwarding Address:

Street

City, State, Zip

Contact E-mail

Contact Phone

Signature of Household Member

Date

