

1400 Oakside Drive #76 Canton, GA 30114

 Main: 770-479-4969 Fax: 770-479-8118

TDD: 770-479-6988

**Intent to Vacate**

**CHA Policy**

**If a family desires to move and terminate their tenancy with the PHA, they must submit an official Intent to Vacate form no less than a full one month advance of their intended move-out date. The Notice of Intent to Vacate must be signed by the head of household and all other adult household members.**

**Lease terminations must be for the last day of the month. If notice is given after the 2nd of the month, the end of the next calendar month will be considered the lease termination date.**

**For example, a notice given on March 11th will initiate an April 30th Lease Termination.**

**The full monthly rent is due on the 1st of the month. Partial months are not automatically pro-rated.**

**\*Failure to give proper notice will result in additional charges to the resident account. If the resident submits the keys to the unit early and the agency is able to re-house another family, it is possible that a pro-rated amount may be able to be recouped by the former resident.**

**Initials \_\_\_\_\_\_**

**Intent to Vacate**

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 per deadbolt 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

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Contact E-mail Contact Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Household Member Date

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Office Use Only:

Date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Term Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgement sent: \_\_\_\_\_\_\_\_\_\_\_\_

