NOTICE OF INTENT TO VACATE

_____ 30 DAY NOTICE **_____ 60 DAY NOTICE**

This notice must be returned to the EHC before the 25th day of the month. The EHC will not approve the Notice of Intent to Vacate if it is received with less than a 30- day notice.

Please Print **Participant Name** **Email Address** **Contact Phone**	_____ _____@_____. ____ (_____)_____	**Are you requesting to port to another PHA?** **YES NO**
Unit Address	**Street Address City Zip Code**	
Last month to occupy unit	**Month _____ Day _____**	

As a participant, I agree to the following:

1. **EHC will stop payments to the owner for the last day of the month indicated above.**
2. **I am responsible for paying my portion of rent through the last date indicated above.**
3. **Notification to the EHC by the owner that I have outstanding rent, utilities or damages may delay or prevent me from receiving housing assistance.**
4. **I must complete an Annual Recertification if it has been more than six months since my last recertification before I will be allowed to move.**
5. **I may be terminated from the program for non-compliance if I fail to fulfill my family obligations as stated on the Housing Choice voucher or as stated in the EHC Administrative Plan.**
6. **<u>If I choose to CANCEL my move from the above unit, the owner and I must submit a written letter to the Section 8 Administrator before the last day of occupancy listed above. If it is not submitted by the above date, it will require a new contract approved by the EHC.</u>**
7. **If I stay in the property after this date, I am responsible for all payments to the owner. <u>The EHC is not responsible for payment to the owner if I stay beyond the end of the month listed above.</u>**
8. **If at any time during the move process EHC determines I am no longer in good program standing, the unit transfer may be delayed or cancelled until my program status concern is resolved.**

X_____ (_____)_____ _____
Participant signature Phone number Date

****If a participant cannot contact the landlord, a certified notice must be sent. If the landlord does not respond within 5 business days, the participant may return the certified mail receipt from the USPS to begin the moving process. If a landlord provides legal notice that you are not in good standing, EHC may delay your move until the issue is resolved.**

TO BE COMPLETED BY THE LANDLORD PRIOR TO SUBMISSION TO THE EHC

Landlord Name: _____ Phone Number (_____) _____

	Yes	No	If Yes, the following legal documents will be forwarded to EHC within 10 days:
Participant owes outstanding Rent			
Participant has outstanding utilities			
Participant owes for Damages			

Landlord Signature _____ Date: _____