

NOTICE OF INTENT TO VACATE

I, _____ and _____

of the address: _____ Phone Number: _____

hereby submit my notice of my intent to vacate on _____, 20_____.

I understand that I will be responsible for rent payments for (30) days from the date of this notice, or until the date I vacate the premises, whichever occurs later, as stated above.

Forwarding Address (please do not leave blank):

Reason for Moving:

<input type="checkbox"/> Bought Home	<input type="checkbox"/> Leaving Area for Employment
<input type="checkbox"/> Neighbors	<input type="checkbox"/> Leaving Area for Reasons other than Employment
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Graduated from LSSU
<input type="checkbox"/> Getting Married	<input type="checkbox"/> Poor Maintenance
<input type="checkbox"/> Death	<input type="checkbox"/> Moving in with family
<input type="checkbox"/> Rent is too High	<input type="checkbox"/> Other Subsidized Housing: _____
<input type="checkbox"/> Private Market	<input type="checkbox"/> Other (please specify): _____

Suggestions for Improving the Quality of Our Rental Housing: _____

Rent will continue to accrue until all keys are returned to the office at 608 Pine Street, Sault Ste. Marie, Michigan. Failure to return the keys will result in a lock change, and the associated cost will be charged to you. The security deposit cannot be applied for the final month's rent.

The Sault Ste. Marie Housing Commission will conduct a move-out inspection after the tenant has vacated the premises to assess the unit's condition and determine responsibility for any necessary repairs. Whenever possible, the tenant will be notified of the inspection and is encouraged to attend. This inspection will serve as the basis for any claims against the security deposit. Please note that a more thorough inspection will take place during the unit turnaround. If additional charges are identified, photos will be taken to document the findings.

Would you like to be present during the move-out inspection? (Please check one) YES NO

If YES, the inspection date must be the day before or the same day as key return:

Termination Inspection Date: _____ Time: _____

TENANT SIGNATURE

DATE

.....

Move-Out Inspection Completed By: _____ Date: _____

Tenant Signature (if present): _____ Date: _____

FOR OFFICE USE ONLY:

Account No.: _____

#BR: _____

Date of Initial Occupancy: _____

Date Vacated: _____

Keys Returned: _____

Date: _____ Time: _____

Keys Returned by Whom: _____

Has the tenant transferred utilities?

Cloverland Electric: Yes No Date: _____

DTE: Yes No Date: _____

Water/Sewer: Yes No Date: _____

Last Day Rent Charged: _____

Rent Paid through: _____

Rental Adjustment for _____ days at _____ per day is \$ _____

Notes: _____

Maintenance Notes: _____

