HADC USE ONLY
Specialist Assigned:
Tenant Number:
Annual Effective Date:

Notice to Vacate Form

Signatures are required by both client and owner prior to submitting to the HADC

Move-out date (**60 day Notice**): _____ **This date MUST be the last day of a month**

Client: _____ **Phone:** _____

Address: _____

Yes	No	**Client to complete:**
☐	☐	Are you in your first year lease? (If yes, written release from owner is required, or you are ineligible to move.)
☐	☐	Have you been issued a voucher in the past 12 months? (If yes, you are ineligible to move.)
☐	☐	Are you going to be porting your voucher to another county or state? (If yes, complete the Port Out Form and attach)
☐	☐	Are you under a repayment agreement with the Housing Authority of DeKalb County?
☐	☐	Are you under eviction?

_____ _____
Client Signature Date

Owner: _____ **Phone:** _____

Yes	No	**Current owner to complete:**
☐	☐	Does the client owe any back balance for rent?
☐	☐	Does the client owe any balance for any damage to the property?
☐	☐	Does the client owe any balances on utilities?
☐	☐	Has the client violated the lease or any policies or provisions?
		If yes, please explain: _____

If Owner answers yes to any of the above, the client is ineligible to move as a participant in the HCVP. If the client rectifies all violations noted above the client may obtain a new HCVP Request to Move Form for your review and completion. Please be reminded that HADC is not a party to your lease and cannot assist with collections of outstanding debts. By signing below, owner certifies that responses are true and accurate.

_____ _____ _____
Owner Name **Signature** **Date**