



MESQUITE HOUSING DIVISION  
PHONE 972.216.6424 FAX 972.216.6429

## MOVE OUT NOTICE

Each copy of the attached form must be filled out. One form is for the owner/agent to keep for their records and the other form is for the tenant to return to the Mesquite Housing Division.

### WHAT DO I DO NEXT?

#### New Policy

You must attend a mandatory Virtual Move Clinic to receive a voucher. You will be contacted by the Housing Records Specialist, Tammara Burks, 972-329-8345 to schedule your attendance date and time.

You may not move out of your unit without attending the mandatory Virtual Move Clinic to receive a valid voucher. If you move out of your unit without a voucher you are subject to termination from the Housing Choice Voucher Program.

### NOTE TO TENANT

Your lease will list the minimum notice required if moving to another unit in Mesquite's jurisdiction (typically 30-60 days). A 60-day minimum notice should be given if moving to another unit outside of Mesquite's jurisdiction.

P O Box 850137 Mesquite, TX 75185-0137



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**THIS PORTION TO BE COMPLETED BY TENANT:**

Dear Owner/ Agent:

Please accept this as my notice that I will be out of my unit by \_\_\_\_\_.

I UNDERSTAND THE HOUSING ASSISTANCE PAYMENT WILL BE STOPPED, effective on the above date (last day of the month). If I am not out of my unit, I will call Mesquite Housing to request that payment be made (for the next full month) or I will pay the full amount of rent due. I further understand that I am responsible for leaving the unit in the same condition as I received it, normal wear and tear accepted. I know that I must RETURN the keys, CLEAN the unit, and REMOVE all trash and large items belonging to me, and WORK OUT minor damages with you. Please contact me for a move-out inspection, if there are any problems. I understand that tenant damages are a violation of my obligation to the Housing Choice Voucher Program, and grounds for denial or termination of housing assistance.

My Security Deposit and any other communication can be mailed to the following address after I move out:

Address: \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Note: State law require property owners send an itemized list of any charges to be withheld from a tenants security deposit ("Security Deposit Disposition") and are to refund any amount due the tenant owes, within 30 days. Should tenant fail to provide forwarding address, the disposition of the security deposit is left with the property owner.

\_\_\_\_\_ I will be relocating to another unit and continuing on the Mesquite HCV Program

\_\_\_\_\_ I wish to utilize the portability feature of my voucher

\_\_\_\_\_ I will no longer be receiving assistance under the HCV Program

X \_\_\_\_\_  
Printed Name of Head of Household Signature Date

Current Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**THIS PORTION TO BE OWNER/AGENT:**

I acknowledge receipt of this move-out notice. I understand that I am responsible for contacting the tenant to schedule a move-out inspection. I further understand that I am to refund any amount due to tenant, or state amount tenant owes by sending an itemized list of any charges that are being withheld from a tenant's security deposit, within 30 days.

**Approve**

\_\_\_\_\_ At this time, tenant does not owe any amount in rent of fees.

\_\_\_\_\_  
Signature of Owner/ Agent

\_\_\_\_\_  
Phone Number Date

**Deny**

\_\_\_\_\_ At this time, tenant owes \$\_\_\_\_\_ in rent and/or fees *(Please attach itemized list of amounts owed)*

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner/ Agent

\_\_\_\_\_  
Phone Number Date



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\_\_\_\_\_  
Signature of Owner/ Agent

\_\_\_\_\_  
Phone Number Date