



HOUSING AUTHORITY OF BREVARD COUNTY

SECTION 8 HOUSING CHOICE VOUCHER PROGRAM

1401 Guava Avenue, Melbourne, FL 32935

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<http://www.habc.us>

CHIEF
EXECUTIVE
OFFICER

Michael L. Bean

Housing Choice Voucher Program

REQUEST TO RESCIND NOTICE TO VACATE

This agreement **rescinds** the 30 Day Notice to Vacate request submitted to your office on

_____. The Notice to Vacate stated that _____
(Date Submitted) (Client's Name)

would vacate the unit known as _____ on
(Unit Address)

_____.
(Vacate Date)

I, _____ am unable to vacate the above unit and hereby
(Client's Name)

request a continuance of the Housing Assistance Payment Contract (HAP) and Lease Agreement,
continuing payment to the owner.

The signatures below indicate our mutual **agreement** to this request to rescind the Vacate Notice
and to **continue** the HAP Contract and Lease Agreement.

It is understood that should **any** party fail to agree to this continuance, the request will be
denied.

(Signature of Tenant)

(Date)

(Signature of Property Owner/Agent)

(Date)

(Signature of Housing Authority Representative)

(Date)

