



HOUSING AUTHORITY OF BREVARD COUNTY
 SECTION 8 HOUSING CHOICE VOUCHER PROGRAM
 1401 Guava Avenue, Melbourne, FL 32935
 Phone (321) 775-1592 | Fax (321) 775-1549
 http://www.habc.us

**CHIEF
 EXECUTIVE
 OFFICER**

Michael L. Bean

NOTICE MUST BE RETURNED
TENANT'S NOTICE TO VACATE

PLEASE TAKE NOTE IN THE INTENTION TO VACATE THE RESIDENTIAL PROPERTY LOCATED AT:

 Street Address City State Zip

VACATE DATE (Must be dated last day of a Month) _____

LANDLORD: PLEASE FILL OUT THE INFORMATION REQUESTED BELOW IN ORDER FOR MY SECTION 8 TECHNICIAN TO PROCESS THIS REQUEST

REQUEST GRANTED: _____

REQUEST DENIED, CURRENT LEASE HAS NOT EXPIRED: _____

DOES THIS CLIENT OWE A BALANCE WITH LANDLORD? *(Circle one)* YES NO

IF YES, WHAT IS THE AMOUNT DUE? _____

SIGNED: _____

TITLE: _____

PHONE: _____

TENANT:

I UNDERSTAND THAT MY REQUEST TO VACATE IS CONTINGENT UPON A REVIEW OF THE INFORMATION PROVIDED BY THE CURRENT LANDLORD.

I UNDERSTAND THAT IT IS MY SOLE RESPONSIBILITY TO PAY ANY AND ALL DEPOSITS TO ANY FUTURE LANDLORDS PRIOR TO MOVE IN.

I ALSO UNDERSTAND THAT I MUST MOVE OUT COMPLETELY FROM MY CURRENT RESIDENCE BY THE VACATE DATE STATED ABOVE.

TENANT SIGNATURE: _____ TELEPHONE #: _____

SPOUSE/CO-HEAD SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SECTION 8 REPRESENTATIVE

SECTION 8 TECHNICIAN _____ TENANT NAME – RX MONTH _____



Equal Housing-Equal Employment