HOUSING AUTHORITY OF BREVARD COUNTY

**COMMISSIONERS**
Jon Turla, Chair
Brian Nemeroff, Vice Chair
Martin Hindsley
Phyllis M. Principe

**CHIEF EXECUTIVE OFFICER**
Michael L. Bean

**NOTICE MUST BE RETURNED**

# TENANT'S NOTICE TO VACATE

NAME: _____

_____

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 OPPORTUNITY

1401 Guava Avenue Melbourne, FL 32935 | Main: (321) 775-1575 | Fax: (321) 775-1551 | www.habc.us