

Date Forwarded to Intake:

NOTICE OF INTENT TO VACATE - _____ 30 Day Notice _____ 60 Day Notice

This notice <u>must be</u> turned into DHC before the 25th day of the month.

DHC will not approve the Notice of Intent-to-Vacate if it is received with less than a 30- day notice.

Please Print								ı a current	Are you requesting	
Participant Name							FSS pa	articipant?	to another PH	A?
Email Address				((D)	.com	Yes	No	Yes No	
Cell Phone #	()						165	140	165 140	
Contact #	/									
Unit Address	Street Ad	dress					City	У	Zip Cod	е
Last month to occupy unit	Month			Day	1					
s a participant, I agree	to the following:									
1. DHC will stop	payments to the o	wner for	the las	t day of the	month inc	icated abo	ve.			
	ible for the water syment Agreemer					of the P	AID water b	ill showing	\$0 or have attached	ed a W
3. I am responsib	le for paying my p	portion o	f rent th	rough the la	ast date in	dicated ab	ove.			
Notification to assistance.	DHC by the own	er that I	have o	utstanding	rent, utilitio	s or dama	ges may de	lay or prev	ent me from receivi	ing hou
5. I must complet	e an Annual Rec	ertificatio	n if it ha	as more tha	n 6 month	s since my	last annual	before I am	allowed to move.	
	inated from the pated in the DHC				e if I fail	o fulfill my	family obliq	gations as	stated on the Hous	ing Ch
									y Housing Specialis approved by DHC.	t before
	property after this beyond the end					nts to the	owner. <u>DH</u>	C is not re	sponsible for payn	nent to
O 15 at an extension	luring the move p	rocess D	HC de	termines I s	m no long			nding the	unit transfer may be	
	my program state				mi no long	er in good	program sta	inding, the	unii ti ansier may be	delaye
	my program state				-) one number			Date	delaye
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If under abatement, date abatement began: