

Jessica G. Anderson-Preston, Executive Director

Yolanda L. Hawkins-Bautista, Chair – Board of Commissioners

**NOTICE OF INTENT TO VACATE**

I, \_\_\_\_\_, who currently resides at

\_\_\_\_\_

am notifying the landlord that I will vacate the above premises on

\_\_\_\_\_ **(Last Day of the Month).**

I will return the keys to the landlord on the above date.

I understand that in submitting this vacate notice I am terminating the lease.

I understand that terminating the lease also terminates the Housing Assistance Payments (HAP) Contract – Part B, 4. b.(1).

I understand that if I remain in the unit after the above date that I, **not** the Housing Authority, will be responsible for any rent incurred after the above stated vacate date.

The landlord will be required to return to the Housing Authority any monies paid to the landlord for HAP after the above stated vacate date.

TENANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Tenant's Contact Number: \_\_\_\_\_

By signing this form, landlord accepts this notice and confirms that the resident is in good standing and owes no money.

LANDLORD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Landlord's Contact Number: \_\_\_\_\_

**\*\*\*Tenant and Landlord are to keep a copy and return the original to the PHA.**

**\*\* MOVE-OUT DATE MUST BE THE LAST DAY OF THE MONTH. THE MOVE-OUT DATE CAN NOT BE THE FIRST (1<sup>ST</sup>) OF THE MONTH. \*\***

*Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email [dhcd-504@co.pg.md.us](mailto:dhcd-504@co.pg.md.us) for assistance.*



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