

HOUSING AUTHORITY OF THE CITY OF TACOMA (THA)

NOTICE OF INTENT TO VACATE

Tenant Name _____

Address _____ Client #: _____

Unit # _____ Project # _____ Move In Date _____ # Br _____

I the above named Tenant, herby give my notice of my intent to vacate the above listed apartment and terminate my tenancy on _____ . I will deliver possession of the apartment to the landlord, by returning the keys to the apartment, mailbox and key card to the landlord no later than 4:00p.m. on the noted above date.

In accordance with the terms and conditions of my lease agreement, there shall be no provision for pro-ration of the partial month's rent at the termination of my tenancy; and if I remain in possession of the apartment any portion of the month following the termination date month noted above I will be responsible for the full month's rent.

Tenant Signature/Next of Kin _____ Date _____

Property Manager Signature _____ Date _____

Tenant Reason for Vacating the Premises: (Please Check all that apply):

- Relocation/Transfer to Another THA Property
- Gave Notice/Voluntary
- Purchase a Home
- Evicted
- Abandoned
- Passed Away/Date _____
- Other Reason _____

Forwarding Address _____

Phone Number _____

Email Address _____