

Notice to Vacate

Date	PHA Name
Head of Household	PHA Phone Number
Family's PHA Contact	Reviewer
Landlord Name	Landlord Phone Number
This is notice to the PHA that I will vacat	the unit located at:
	Address
	City, State, Zip
On the date of:	
Date fami	will be leaving the unit
This notice is made to comply with my F	nily Obligations, which state:
the lease on notice to the owner, the far	e family moves out of the unit or terminates the lease. If the family terminates ily must give the PHA a copy of the notice of termination at the same time. The ne full amount of any DHAP-Sandy utility or security deposit assistance
Print Head of Household Name:	
Head of Household Signature:	
Date:	