THIRTY (30) DAY NOTICE TO VACATE

In accordance with the Lease Agreement, this serves as a **Thirty (30) Day Notice to Vacate**.

I, _____, hereby provide notice that I will vacate the

assisted unit located at: **Unit Address:** _____

Move-Out Date: _____

If I am unable to vacate on the date listed above, I will notify the Pawtucket Housing Authority (PHA) and submit a written request for additional time.

TO BE COMPLETED BY OWNER/MANAGEMENT

Is rent past due? ☐ No ☐ Yes **Amount Owed:** $_____ **Comments:** _____

NOTICE: If rent or other charges are owed by the tenant, PHA will not process the move request until all outstanding amounts are resolved. The owner must notify PHA if additional charges become due after this form is signed. The tenant must vacate in accordance with the Lease Agreement.

Housing Assistance Payments (HAP) for this unit will end effective the date the tenant vacates or the applicable termination date. Any HAP paid after termination must be returned to the PHA.

AGREEMENT TO TERMINATE RENTAL LEASE

Owner/Management Company: _____

Owner/Management Signature: _____ Date: _____

Telephone: _____

Tenant Name: _____

Tenant Signature: _____ Date: _____

Telephone: _____

PORTABILITY INFORMATION (If Moving Outside PHA Jurisdiction)

New City/State: _____

Upon approval and receipt of all required documentation, PHA will transfer the voucher and necessary documents to the appropriate housing authority.

OWNER UNABLE TO SIGN NOTICE

I certify that I was unable to obtain the owner's signature. I completed and signed this notice and mailed a copy to the owner by first-class mail. I certify that I do not owe rent to the owner and will continue paying my tenant portion until I vacate.

Tenant Signature: _____ Date: _____

Tenant Printed Name: _____