



NOTICE OF INTENT TO VACATE/MOVE

(Notice that participant plans to move at the end of 30-days; required notice to landlord and housing authority)

Date: _____

Tenant Name _____ Phone # _____

Email Address _____

Unit Address _____

MOVE-OUT DATE _____ (Must be the last day of the month)

Owner/Landlord Name _____

The landlord's signature below is confirmation that he/she has received the Notice to Vacate. The tenant's signature certifies that the Section 8 Participant family:

- Has provided a copy of this written 30-day notice to the landlord.
- Is not bound by a current lease agreement as of the Move-Out Date noted above.
- Will not owe to the landlord/owner any money for outstanding rent, deposits, damages, HOA fines, utilities, etc. at the time of move-out.
- Will not owe any outstanding utility charges (electric, gas, water, sewer, trash), and will make arrangements with the utility company to pay the utility bill(s) that will cover the last month of residence at the time of move-out.
- Will vacate unit as of the move-out noted above and will return all keys and devices belonging to the landlord/owner no later than the move-out date.
- Understands failure to meet the items listed above may mean the termination of the family's voucher

Vacate Notices are only accepted via email to: HCVleasing@sivrha.org

Participant (Tenant) Signature

Date

Landlord Signature

Date

This form to be used for SNRHA purposes only.

Please be advised while we are here to serve you, Housing Choice Voucher (HCV) Regulations authorize a public housing authority to terminate benefits when a family engages in or threatens abusive or violent behavior toward the authority's personnel [24 CFR § 982.552(c)(1)(ix).]

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Our agency provides reasonable accommodations to elderly or disabled applicants and participants to ensure programs and services are accessible. If you need a reasonable accommodation, please submit your request in writing to: SNRHA, P.O. Box 1897, Las Vegas, NV 89125, Attn: 504 Officer.

Southern Nevada Regional Housing Authority will not discriminate because of race, color, religion, age, national origin, disability, familial status or sexual orientation. If you feel you have a Fair Housing Complaint, please contact HUD at 1-800-669-9777 or TTY 1-800-927-9275. The Equal Access to Housing in HUD Program Regardless of actual or perceived Sexual Orientation, Gender Identity, or Marital Status in compliance with Final Rule, published in the Federal Register August 2014. SNRHA will comply with 24 CFR Parts 5, 91, 880, et al. Violence Against Women Act Conforming Amendments.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingüe. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Español, por favor contacte a su asistente social.