



# SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

Housing Choice Voucher Department, P.O. Box 1897, Las Vegas, NV 89195-1537  
Phone (702) 922-6900 FAX (702) 922-6929 TDD (702) 387-1898



## VACATE NOTICE

This serves as a one-month notice of intent to vacate the premises listed below. I understand to be eligible to move I must have occupied the unit for one year or more.

Address:

\_\_\_\_\_

Vacate Date: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

We, the undersigned, understand and agree to the following:

- An eviction notice of any type has not been issued within the last 30 days.
- This agreement does not relieve the resident of any responsibility to pay rent for resident-caused damages to the above-mentioned property that may exist at the time of move out.
- The owner is required to provide a security deposit deposition within 30 days from the effective date of termination of the lease.
- Any extension or rescission of this notice must be in writing, signed by both parties, and a copy forwarded to the Southern Nevada Regional Housing Authority prior to the effective termination date of the lease.
- The resident is responsible for the full contract rent effective immediately after the termination date if the resident remains in the unit after the effective termination date. (Note: If the parties agree to extend the move-out date or terminate the Vacate Notice, submit a Contract Termination Extend or Rescind Form.)
- The owner must return any overpayment received from the Housing Authority. If overpayment monies are not returned, the Housing Authority will deduct the overpayment from any active contract it has with the owner, or proceed with the collection process.

Reason(s) for Moving:

- |  |   |
|--|---|
| <input type="checkbox"/> Want to be near employment              | <input type="checkbox"/> Want to be near health care provider       |
| <input type="checkbox"/> Want a better neighborhood              | <input type="checkbox"/> Need larger unit                           |
| <input type="checkbox"/> Need smaller unit                       | <input type="checkbox"/> Moving out of state                        |
| <input type="checkbox"/> Poor landlord/owner response to repairs | <input type="checkbox"/> Bad environment                            |
| <input type="checkbox"/> No specific reason                      | <input type="checkbox"/> Need to move as a Reasonable Accommodation |

I understand by signing this form, I agree to the vacate date even if it is less than 30 days.

\_\_\_\_\_  
Owner/Agent Name (please print)

\_\_\_\_\_  
Resident Name (please print)

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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.

The Southern Nevada Regional Housing Authority (SNRHA) does not discriminate on the basis of disability. If you wish to file a complaint alleging discrimination, please contact Norma Gray, the 504/ADA Coordinator, at (702) 922-6808.

Si usted no puede leer este documento por favor pida la asistencia de nuestro personal bilingue. La Autoridad De Vivienda De Nevada Sur proporciona servicios de traduccion para participantes y clientes que califican. Si usted necesita esta forma en Espanol, contacte por favor a su asistente social