



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"/> Need to move as a Reasonable Accommodation | <input type="checkbox"/> No specific reason |

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

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, Attention: 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 bilingue. La Vivienda Regional del Sur de Nevada, proporciona servicios de traducción para participantes y clientes que califican. Si usted necesita esta forma en Espanol, por favor contacte a su asistente social.