



80 Shield Street
West Hartford, CT 06110
Phone: 860-953-0002 Fax: 860-953-5763

NOTICE TO VACATE

(THIS FORM MUST BE COMPLETED 30 DAYS PRIOR TO EFFECTIVE MOVE DATE)

I, (*name of HOH*) _____ hereby give notice to vacate the residence located at the address below:

I will return all keys to the Landlord/Management and all of my personal belongings and furniture will be out of the unit on _____ .
(*Move Out Date*)

My reason for moving my house/apartment is _____ .

I understand that should I need to continue to occupy the current unit after the above date I must obtain written authorization from the Landlord and submit said authorization to the West Hartford Housing Authority prior to the move out date noted above.

I understand that my request may be delayed if the West Hartford Housing Authority receives written notice from my Landlord of any unresolved lease violations.

Family Signature: _____

Phone #: _____

Date: _____

LANDLORD CERTIFICATION

By signing this notice, I, the Landlord am certifying that the above tenant is up to date with his/her share of rent and is in good standing with no lease violations.

Name: _____

Signature: _____

Phone No: _____

Date: _____

*** NOTE: PLEASE KEEP IN MIND THAT IF THERE ARE LEASE VIOLATIONS DURING THE MOVE PROCESS, IT COULD DELAY THE MOVE. IN ADDITION, IF YOU VACATE THE UNIT WITHOUT NOTICE OR HAVE LEASE VIOLATIONS YOU MAY BE TERMINATED FROM THE PROGRAM.**