

NOTICE OF INTENT TO VACATE



Move out Transfer Eviction

Name: _____ Project Number: _____

Address: _____ Account Number: _____

I, _____, hereby serve notice of my intent to vacate my unit on _____, 20____. I am vacating because _____

My address to which my refund, or bill, should be sent is:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

I understand that failure to provide the notice required by the lease of my intent to vacate may lead to the forfeit of my security deposit.

Tenant Signature

Date

Date Moved: _____ Last day for which rent is charged: _____

Monthly Rent: _____ Rent has been paid to (inclusive): _____

Project Manager Signature

Date

Balance as of date vacated\$ _____

ADD: Items Charged to the tenant:

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

Number of fobs/keys returned: Fobs: _____ Keys: _____ Fob/Key Charges: \$ _____

Electric Back in HACD's name: Yes No Effective Date: _____

LESS: Unearned rent from _____ to _____
at \$ _____ per day for _____ days\$ _____

Security Deposit.....\$ _____

Total Amount due or to be (refunded).....\$ _____