

30 DAY NOTICE TO VACATE

TO WHOM IT MAY CONCERN:

_____, Residents of
PRINT YOUR NAME

PRINT YOUR ADDRESS

Submit our 30 day written notice to vacate the premises on

(LAST DAY YOU WILL RESIDE IN UNIT – KEYS MUST BE RETURNED THIS DAY)

***Housing Assistance for this unit will cease on the date listed above.
The resident will be responsible for any holdover rent.***

Forwarding Address to send deposit: _____

Resident's Signature

Date:

TO THE OWNER/MANAGER:

The Ogden Housing Authority requires owner(s)/manager(s) to **acknowledge** the receipt of this 30 day notice to vacate. Failure to sign this form will not stop the participant from moving but participants on the Housing Choice Voucher program will not be given a voucher to move if they owe rent, other charges and/or damages to the unit above normal wear and tear.

Please answer the following questions before signing this form:

Is the resident current on their rent as of the date you are signing this form? _____
(If not, please attach your most recent 3-day pay or vacate.)

Are you aware of any damages above normal wear and tear? _____
(If so, please attach your most recent 3-day notice to come in compliance or warning notice.)

Have you asked this resident to move because of lease violations? _____
(If so, please attach your eviction notice.)

By signing this form you are in no way relinquishing your right to legal action and/or recovery from the tenant for damage beyond normal wear and tear or delinquent rent – you are merely acknowledging proper notice has been received.

Owner/Manager Signature

Date Received

Phone Number : _____

If the Owner or Manager determines either unpaid rent and/or damages after signing this form but prior to the tenant vacating the unit, they should submit a copy of the notice to the tenant regarding the unpaid rent and/or damages to the agency immediately. Claims submitted after that date will not be held against the Resident's participation.