

To the \_\_\_\_\_ Housing Authority  
Address: \_\_\_\_\_

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**SELF CERTIFICATION THAT INTENT TO VACATE EXTENSION  
WAS SERVED TO LANDLORD**

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**-GENERAL FAMILY INFORMATION-**

Head of Household Name

Last Four Digits of SSN

Current Address, including City and State and Zip Code

Proposed New Address, including City and State and Zip Code

Home Phone Number

Work Phone Number

E-mail Address

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**-DECLARATION AND CERTIFICATION-**

- I swear or affirm that I have provided my landlord with a minimum of 30 days written notice that I intend to vacate my current unit by (MM/DD/YYYY) \_\_\_\_\_.
- I understand that I must provide my landlord with all keys, pay any outstanding utilities for which I am responsible and vacate the unit by the date above or my landlord can charge me for any overstays.
- I understand that (name of current housing authority) \_\_\_\_\_ will not pay for any days that I have remained in the unit after the date above unless both I and my landlord both agree to extend the lease on a monthly basis. I understand that all lease extensions must be in writing and signed by both parties and submitted to my current housing authority. The current housing authority will verify signatures. Lease extensions must be provided to the current housing authority at least 10 days before the date above or they will be denied.
- I understand that if the current housing authority learns that I did not provide my landlord with proper notice that I intend to vacate in accordance with my lease, or that I failed to vacate the unit and surrender all keys to the landlord by the date above, I may be recommended for termination of my housing assistance.
- I understand that any misrepresentations of information or failure to disclose information requested on this form may be grounds for termination of assistance.

\_\_\_\_\_  
Signature of Head of Household Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Date