NOTICE OF INTENT TO VACATE

THIS FORM MUST BE SIGNED AND DATED BY THE CURRENT LANDLORD AND RETURNED TO Conway Housing Authority. **YOU MUST GIVE AT LEAST 30 DAYS NOTICE TO VACATE BUT NO MORE THAN 60 DAYS BEFORE VACATING THE UNIT.**

Date of Notice: _____

Name of Resident: _____

Street Address: _____

Telephone #: _____

Landlord: _____

This is to advise you that I, _____, I intend to move from the above-mentioned rental unit on or before the last day of _____(**enter month only)**, 2025. I understand that the Housing Assistance Payment Contract will terminate at the end of that month and that if I remain in the rental unit beyond that date (without written permission from landlord to remain in unit), there will be no rental assistance paid, and I will be responsible for the entire amount of the rent due.

Tenant Signature : _____

Landlord Signature : _____ Date: _____

Landlord Phone Number_____

Does tenant currently owe for rent? ___YES ___NO. If yes, how much? _____

Does tenant currently owe for damages? __YES __NO. If yes, how much? _____

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