



THE MUNICIPAL HOUSING AUTHORITY
FOR THE CITY OF YONKERS

ADMINISTRATION OFFICE
1511 CENTRAL PARK AVENUE
P.O. BOX 35, YONKERS, NEW YORK 10710
TEL: (914) 793-8400

FAX: Section 8/Public Housing: (914) 793-9117 FAX: Purchasing/Maintenance: (914) 793-8585

NOTICE OF INTENT TO VACATE

Name: _____ Email address: _____

Phone number: _____ Cell phone number: _____

I hereby give notice of my intent to vacate the unit located at _____.

I fully understand that after I submit this notice I may be issued a voucher and a moving packet before I move. I will be completely moved out of the unit indicated above by

(date) _____. I will leave the unit clean and repair any damages caused by my family before vacating. **I will contact the Landlord on the day of my departure in order to return the keys to the unit.** I understand the Lease and the Housing Assistance Payment Contract will be cancelled on the last day of the month.

In the event that I decide to remain in the unit, I must notify the Section 8 Housing Choice Voucher office **in writing** within ten (10) business days before my move out date. If I do not notify the office as required, I understand that I am responsible for the following months full rent.

Participant Signature

Date

THIS SECTION TO BE COMPLETED BY LANDLORD

This section is to be completed by the owner or manager only. It is a criminal offense to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

Owner/Agent Name: _____ Phone number: _____

Does the family currently have a rent balance? (Circle one) YES NO
If "yes" is circled please attach proof of balance owed such as copies of tenant ledger or demand letters or judgments.

Have you set up a repayment agreement for any balance that is owed? (Circle one) YES NO

Is the participant in good standing and therefore cleared to vacate the property? (Circle one) YES NO

Owner/ Agent Signature

Date