Date Stamp(COCHA office use only)

Chandler Arizona
*Where Values Make The Difference*

# PUBLIC HOUSING
# NOTICE OF INTENT TO MOVE

EQUAL HOUSING OPPORTUNITY

Date: _____

Please note that your notice to vacate will not be considered valid until this form has been completed, signed and date stamped by our office.

| TENANT INFORMATION | |
|---|---|
| TENANT'S NAME | PHONE |
| ADDRESS | |

It is my intention to move from the above stated address on _____. I am requesting to be removed from the Public Housing Program. ☐ Yes ☐ No

My reason for leaving is _____.

My forwarding address is _____.
Forwarding Address City State Zip Code

I understand that a 30 day written notice is required to be eligible for a security deposit refund. The security deposit shall be refunded to the Tenant on the termination of the Lease after deducting that amount necessary (i) to pay the cost of any rent or other charges due and owing by the Tenant at the termination of the Lease and (ii) to reimburse the Authority for the cost of repairing any damage to the Residence, beyond normal wear and tear, caused by intentional or negligent acts (either of omission or commission) of the Tenant, any of the Tenant's household members or by any guest.

Within 30 days after termination of the Lease and recovery of possession of the premises by the Authority, an itemization of all amounts to be deducted from the security deposit shall be contained within a written notice delivered to the Tenant together with the balance of the security deposit payable to the Tenant, provided that the Tenant has delivered to the Authority written notice of the Tenant's forwarding address.

Furthermore, I understand that all keys received must be turned in to the office at the move-out date.

☐ **I am requesting to conduct a Move-Out Inspection of the unit with a housing representative to assess damages to the residence that are beyond normal wear and tear.**

**The Move-Out Inspection will be conducted at 8:00 a.m. the following business day unless other arrangements have been made in writing.**

☐ **I am NOT requesting a move-out inspection of the unit.**

_____ _____
Tenant Signature Date

*For Office Use Only*

Received by : _____ Date:_____

*Notice Copies to:*

☐*White copy = Tenant* ☐ *Pink Copy = Housing Specialist* ☐*Yellow Copy = Housing Maintenance Supervisor*