



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601
Telephone: (352) 754-4160
Fax: (352) 754-4168

Intent to Vacate Form

Tenant Name: _____

Unit Address: _____ City: _____, FL, Zip: _____

End of Lease Date: _____ Move Out Date: _____ (must be at end of the month)

TENANT DECLARATION

I understand that I must submit this form completed by myself and my landlord in order to be issued a voucher to move. (Initial) _____

I understand that I must clean the unit and repair any damages caused by my family before vacating the unit in accordance with my lease. **Failure to do so will prevent continued assistance.** (Initial) _____

In the event that I will be remaining in the above-mentioned unit **after** the stated move out date, I must notify the Housing Authority in writing **10 business days before** the stated move out date. (Initial) _____

If I do not notify the Housing Authority in writing of my intent to remain in the unit, I understand that I will be responsible for the **next month's full rent.** (Initial) _____

If I am porting to another agency, The Hernando County Housing Authority will **no longer make payments** for the above-mentioned unit once the transfer is complete. (Initial) _____

Tenant Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY THE LANDLORD

Landlord/Owner Name: _____

Landlord Contact Number: _____ Landlord Email: _____

Does the tenant currently owe a balance? __ YES or __ NO. If yes, how much? \$ _____

Reason for Balance Owed: _____

Landlord Declaration

I understand that if there is any excessive damage (beyond normal wear and tear over the security deposit amount), unpaid rent/fees, or any other lease violations verified once the tenant vacates the unit, I must notify the Housing Authority in writing within **14 business days** of the tenant's move out date BEFORE any repairs are started.

Landlord Signature: _____ Date: _____