

## NOTICE OF INTENT TO MOVE

(To be completed by the tenant)

| Head of Household Name:   |  |   |  |
|---|--|---|--|
| Current Address: City, State, Zip: This letter serves as notice that I will be moving from the unit listed above on |  |   |  |
|   |  | I understand the following:   |  |
|   |  | <ul> <li>AHA will terminate the HAP contract on that date and no future payment will be made.</li> <li>If there are damages to the unit or past due rent, the tenant will be fully responsible for payment.</li> <li>If the tenant remains in the unit after the termination date, the tenant will be responsible for all of the rent.</li> </ul> |  |
| • If the move is cancelled, the TENAN   | T must inform AHA immediately.                               |   |  |
|   |  |   |  |
| Participant Signature   | Date   |   |  |
|   | ASE BY LANDLORD leted by the landlord)                       |   |  |
| This letter serves as notice to AHA that the h  | ousehold listed above is being released and will             |   |  |
| move on   |  |   |  |
| I understand the following:   |  |   |  |
| AHA will terminate the HAP contract   | t on that date and no future payment will be made.           |   |  |
| • If there are damages to the unit or pas payment.  | at due rent, the tenant will be fully responsible for        |   |  |
| • If the tenant remains in the unit after for all of the rent.  | the termination date, the tenant will be responsible         |   |  |
| • If the move is cancelled, the TENAN   | T must inform AHA immediately.                               |   |  |
| Landlord Signature  | Date   |   |  |
| Phone: 325-676-6385 Fax: 325-676-6375 Rel:  | ay Services: 711 or 1-800-RelayTX Website: www.abileneha.org |   |  |