

NOTICE TO VACATE

This is to inform you that I, _____,
(Please Print Full Name)

plan to vacate my unit at _____,
(Street Address)

_____, as of _____.
(City) (Date Moving)

_____ I plan to reside in the City Limits of St. Cloud, OR in Benton, Sherburne or Wright County.

OR

_____ I plan to "port" out my voucher to:

City County State

I certify I have given my property owner/manager proper notice to move in accordance with my lease and I know that I must be in good standing with my landlord before my assistance will be started at any new unit.

I also understand that if I decide to stay in this unit after my vacate notice has been given to the HRA, I must provide a written notice from myself and my landlord stating I am not moving and that my landlord is allowing me to stay. This must be approved by the HRA in order to continue receiving assistance.

Signature

Date