

# NOTICE TO MOVE

I, \_\_\_\_\_, intend to move  
(name)

from \_\_\_\_\_  
(present address)

effective \_\_\_\_\_.  
(effective date must be last day of given month)

*I understand no further Housing Assistance Payments will be issued to my present landlord on my behalf after this date.*

**IMPORTANT NOTES:**

Rental arrangements after the termination of the HAP contract are solely between the Property Owner and Tenant. If the Tenant decides to remain in the unit after the termination date the parties may agree to enter into a new lease. However, a new HAP contract would not become effective until the unit passes a new inspection.

It is hereby agreed that all claims and demands of the assisted lease are fully released by both parties for the time of acknowledged occupancy. The security deposit will be handled by the tenant and the property owner in accordance with state and local laws.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date