**CITY OF TUCSON**

**HOUSING & COMMUNITY DEVELOPMENT DEPARTMENT**

**HOUSING ASSISTANCE DIVISION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | **NOTICE TO VACATE** |
| **HEAD of HOUSEHOLD:** |  |  |  | **DATE:** |  |
| **UNIT ADDRESS:** |  |  |  |  |  |  | **ENTITY ID:** |  |
| **CITY, STATE, ZIP:** |  |  |  |  |  |  |  |  |
| **TELEPHONE/CONTACT #** |  |  |  |  |  |  |  |
| **EMAIL ADDRESS:** |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

Please be advised that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I will vacate the unit located

at

In the event that I am unable to vacate the unit on the date specified above, I will notify you and request a new move-out date, and I will submit a written request for additional time in the unit to City of Tucson Housing and Community Development (HCD).

“A Participate Family” who wants to move must vacate the unit in compliance with the lease; provide landlord a minimum of 60 days’ notice and CITY OF TUCSON HCD with a copy of the written notice. The Participant Family must be in good standing with no lease violations before a Voucher is issued to lease a new unit.

***Note****: Housing Assistance Payments (HAP) made by CITY OF TUCSON HCD for the unit listed above shall**end on the date specified above. Any HAP overpaid for this unit must be returned to CITY OF TUCSON HCD within a reasonable time specified by CITY OF TUCSON HCD.*

Client Name – Print Signature Date

Owner/Agent – Print Signature Date

Owner/Agent Phone # Owner/Agent Email Address

**DECLARATION OF TENANT COMPLIANCE WITH LEASE AGREEMENT**

Date:

Dear Landlord,

The completion of this form is required for the client to be considered to receive a voucher to relocate. Please check all that apply below and provide the date of expiration for the current lease agreement.

Failure to provide this notice to the Housing Authority will result in deeming the Tenant in “good standing” with the Lease Agreement.

Lease Expiration Date:

* The tenant has not destroyed or damaged the Leased Premises or any portion thereof beyond normal wear and tear and was not, at the time of Lease expiration, in material violation of any provision of the Lease. No outstanding balances are owed.
* The tenant has damaged the Leased Premises or portion thereof beyond normal wear and tear. The approximate number of damages to the Leased Premises is believed to be not less than $\_\_\_\_\_\_\_\_\_. (Attach pictures, repair estimates, or other additional information). The Tenant (has\_\_\_\_\_) (has not \_\_\_\_\_\_) made satisfactory arrangements with the undersigned to pay these damages.
* The tenant owes unpaid rent and other charges not otherwise enumerated herein in the amount of $\_\_\_\_\_\_\_\_. The tenant (has \_\_\_\_) (has not \_\_\_\_) made satisfactory arrangements with the undersigned to pay these amounts owed.
* The tenant has left the unit in violation of the Lease.
* A petition for Eviction (has \_\_\_\_) (has not \_\_\_\_) been filed with the Court seeking possession of the Leased Premises. (If yes, attach a copy of the Petition).
* All references to “Tenant” shall include the person named as tenant or lessee under the Lease and all members of his/her household.

If the statement is given on behalf of a landlord that is a corporation, partnership or Limited Liability Company or other entity, then I further affirm that I am authorized to give this statement on behalf of such entity.

**Affirmation**

I hereby certify that all the information I have provided on the DECLARATION OF TENANT COMPLIANCE WITH LEASE AGREEMENT form is true and complete.

Owner/Agent – Print Owner/Agent Email Address

Signature