**DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT FREDERICK COUNTY, MARYLAND**

401 Sagner Avenue ● Frederick, Maryland 21701 301-600-1061 ● FAX 301-600-3585 ● TTY Use Maryland Relay [www.FrederickCountyMD.gov/housing](http://www.frederickcountymd.gov/housing) Citizen’s Services/Housing

**HOUSING CHOICE VOUCHER PROGRAM (SECTION 8)**

**NOTICE TO VACATE AGREEMENT FORM**

***THIS FORM IS THE FIRST STEP IN THE MOVE PROCESS. AFTER THIS COMPLETED FORM IS SUBMITTED TO FCDHCD – TENANTS MUST COMPLETE THE REQUIRED PROGRAM MOVING PROCEDURES PRIOR TO MOVING TO A DIFFERENT VOUCHER UNIT.***

1. **DATE OF NOTICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTICE PERIOD REQUIRED BY LEASE: \_\_\_\_\_\_\_\_\_\_DAYS**
2. **TENANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **LANDLORD NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **UNIT ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **VACATE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (DATE TENANT MUST BE OUT OF UNIT)**

**6. NOTICE TO VACATE REQUESTED BY:** **\_\_\_\_ LANDLORD** **\_\_\_\_ TENANT** **\_\_\_\_ BOTH**

1. **TENANT CONTACT OR FORWARDING ADDRESS AFTER MOVE OUT: *(REQUIRED)***

*We understand that our lease agreement will end effective on the date given above. Should there be any change to that agreed upon date and/or should the tenant remain in the unit past that date, we will notify FCDHCD accordingly.* ***You must notify FCDHCD if tenant holds over to receive any HAP payments past the vacate date.***

**TENANT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

**LANDLORD SIGNATURE:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

Please be advised that the FCDHCD HAP Contract for payment of the **rent subsidy terminates** with the end of the lease as agreed upon and/or the vacating of the unit by the tenant.

We strongly advise both parties to arrange and complete a **move-out inspection** to coincide with the vacating of the unit to determine any damages.

All **security deposits** must be handled in accordance with Maryland State Law. Tenant must provide contact address for disbursement of deposit,

FCDHCD does not pay damages.

**If damages exceed the security deposit, landlords should seek a court judgment.**

**Tenants are responsible to pay such a court judgment or could lose their voucher assistance**.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* + **PORTION BELOW MUST BE COMPLETED BY LANDLORD: \*\*\***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Is this tenant delinquent on any rent or utility payments? \_\_\_\_ **yes** | | | | \_\_\_\_ **no** |  | \_\_\_\_\_\_\_ $ amount? |
| If yes, have arrangements been made to satisfy this debt? | | | \_\_\_\_**yes** | | \_\_\_\_ **no** |  |
| Is this tenant is currently in good standing with you? | | |  | **\_\_\_\_ yes** | | **\_\_\_\_ no** |
| If tenant is **not** in good standing, please explain: | | |  |  |  | \_\_\_\_ |
|  |  |  |  |  |  |  |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*If you have set up a Repayment Agreement with the tenant to satisfy a debt, please attach it here.*

**LANDLORD SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE: \_\_\_\_\_\_\_\_\_\_\_\_**

*FORMS\1\_originals of all forms\ notice to vacate agreement.docx*