



## 30-Day Notice

This form must be submitted in its entirety for the moving process to begin.

Address: \_\_\_\_\_

Vacate Date: \_\_\_\_\_

We, the undersigned, understand and agree to the following:

- An eviction notice of any type has not been issued within the last 30 days.
- This agreement does not relieve the resident of any responsibility to pay rent for resident-caused damages to the above-mentioned property that may exist at the time of move out.
- Any extension or rescission of this notice must be in writing, signed by both parties, and a copy forwarded to the Housing Authority of the City of Danville prior to the effective termination date of the lease.
- **The resident is responsible for the full contract rent effective immediately after the termination date if the resident remains in the unit after the effective termination date. (Note: If the parties agree to extend the move-out date or terminate the Vacate Notice, submit a Contract Termination Extend or Rescind Form.)**
- The owner must return any overpayment received from the Housing Authority. If overpayment monies are not returned, the Housing Authority will deduct the overpayment from any active contract it has with the owner, or proceed with the collection process.

Reason(s) for Moving:

- |   |   |
|---|---|
| <input type="checkbox"/> Want to be near employment                 | <input type="checkbox"/> Want to be near health care provider |
| <input type="checkbox"/> Want a better neighborhood                 | <input type="checkbox"/> Need larger unit                     |
| <input type="checkbox"/> Need smaller unit                          | <input type="checkbox"/> Moving out of state                  |
| <input type="checkbox"/> Poor landlord/owner response to repairs    | <input type="checkbox"/> Bad environment                      |
| <input type="checkbox"/> Need to move as a Reasonable Accommodation | <input type="checkbox"/> No specific reason                   |
| <input type="checkbox"/> Other: _____                               |   |

I understand by signing this form, I agree to the vacate date unless unforeseen circumstances prohibit such.

\_\_\_\_\_  
Owner/Agent Name (please print)

\_\_\_\_\_  
Resident Name (please print)

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date