

**LEBANON COUNTY HOUSING AUTHORITY
30 DAY NOTICE OF INTENT TO MOVE OUT**

Your Name: _____

Your current address: _____

In accordance with my lease I am giving notice of my intent to move out of my dwelling on:

(I agree that on the date I have written above my dwelling will be vacant, all personal belongings removed, all final cleaning performed and my keys returned to the Authority's office).

My new address will be: **(we must have your forwarding address in order to return your security deposit)**

I am moving out because: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> My dwelling is not the correct size | <input type="checkbox"/> I no longer need rental assistance |
| <input type="checkbox"/> The rent for my dwelling is too high | <input type="checkbox"/> I am dissatisfied with management |
| <input type="checkbox"/> I purchased a home | <input type="checkbox"/> I am dissatisfied with maintenance |
| <input type="checkbox"/> I am receiving Section 8 Housing | <input type="checkbox"/> I am dissatisfied with the neighborhood |
| <input type="checkbox"/> I can no longer live independently | <input type="checkbox"/> Other: _____ |

I understand that failure to provide THIRTY (30) days written notice as required by the lease of my intention to move may lead to the forfeit of my security deposit. **I understand that if I desire to be present for a move out inspection, it is my obligation to schedule an inspection appointment by contacting the management office at least two (2) business days in advance of my move out date.** Otherwise the Housing Authority is hereby authorized to inspect the dwelling on or after the above noted vacate date. I understand that all appliances provided by the Authority, remain the property of the Authority and must remain in the dwelling. You must return this form to your management office or to the Lebanon County Housing Authority, P.O. Box 420, Lebanon, PA 17042.

Your Signature: _____

Today's Date: _____

PLEASE ANSWER THE QUESTIONS ON THE SECOND PAGE OF THIS FORM

PLEASE DO NOT WRITE IN THIS AREA

Received By: _____

Date Received: _____

