

Intent to Vacate

This form can be faxed once completed. The original must be present at your voucher pick up appointment.

Tenant Name _____ Move Out Date *(Must be End of Month)* _____

Unit Address: Street Name & Number _____ City _____ State _____ Zip _____

TENANT DECLARATION

I understand that after I submit this form to the Section 8 office, I must be issued a voucher and a moving packet before I can vacate my current unit. I understand that I must call my case manager to set an appointment. Note: <i>This appointment can only be set 30 days prior to the move out date stated above and the move out date must be at the end of the month as no partial month payments are made by SCHA.</i>	Initial: _____
I understand that I must clean the unit and repair any damages caused by my family before vacating the unit in accordance with my lease. Failure to do so will prevent continued assistance.	Initial: _____
I understand that I must return the keys of the unit to the landlord by the above stated move out date.	Initial: _____
In the event that I will be remaining in the above mentioned unit after the stated move out date, I must notify the Section 8 office in writing 14 calendar days before the stated move out date.	Initial: _____
If I do not notify the Section 8 office in writing of my intent to remain in the unit, I understand that I will be responsible for the next month's full rent.	Initial: _____
If I am porting to another agency, The Seminole County Housing Authority will no longer make payments on my behalf once the transfer is completed.	Initial: _____

Tenant Signature _____ Date _____

THE FOLLOWING SECTION TO BE COMPLETED BY THE LANDLORD

The Housing Authority strongly urges you complete an inspection of your unit before signing this form.

Landlord/Owner Info: Name _____

Street Name & Number _____ City _____ State _____ Zip _____

Phone _____ Email _____

Does the tenant currently owe a balance? Yes No If yes, how much? \$ _____

Reason for balance owed: _____

Note: Any balances owed will require proof of payment before a new inspection will be requested.

LANDLORD DECLARATION

I understand that if there is any damage, unpaid rent/fees or any other lease violations verified once the tenant vacates the unit, I must notify the Section 8 office in writing within 14 calendar days of the tenant's move out date.	Initial: _____
I understand that if I do not notify the Section 8 office within the above stated time frame there will be no assistance from the Section 8 office in resolving the tenant violation.	Initial: _____

Landlord Signature _____ Date _____



Mutual Rescission Agreement: Complete only if you are breaking your lease.

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I, _____, the Tenant, and _____ the Landlord
P rint Name P rint Name

Mutually agree to rescind the Housing Assistance Payment contract (HAP), the lease, and any addendum to the lease that is currently in effect for the above named resident located at:

_____ City _____ State _____ Zip
Street Name & Number

The effective date of this rescission will be: _____ (Must be end of month)

By my signature below, I understand that after this date the Housing Assistance Payment (HAP) will stop. If the tenant remains in the unit after this date, I understand that the tenant is responsible for the entire rent.

Notice to Landlords: SCHA strongly advises you to complete a walk-through/inspection of your unit prior to signing this form. This will allow you to address any issues prior to the tenant moving out.

Tenant Signature Date

Landlord Signature Date