

HCV Program Management

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Notice to Vacate / Terminate Lease

Address:	City, State, ZIP: _	, AL,
Termination Date:	(End of Month)	
I will return all keys to the Owner/Proper the unit by the Termination Date .	rty Manager and remove all furni	iture and personal belongings from
To move, I will adhere to the lease terms 60 days' notice. A copy of this notice wil damages, or unpaid rent before receiving the termination date.	l be submitted to MHA HCV. I wi	ll ensure I have no lease violations,
Participant Signature: Telephone number:		
	Notice to Landlord:	
Before signing, inspect the rental unit an tear. If you find such damages, provide y security deposit. Notify the tenant at the voucher issuance. SEND A COPY OF ALL	our tenant with an itemized cost eir last known address within 10	t list of repairs and deduct from the business days to potentially prevent
It is advised to reach a written agreemen unpaid rent. According to the Alabama L after the lease ends to refund a security	andlord-Tenant Law (March 201	.4), landlords have up to 60 days
By signing below, I certify my tenant is in emailed to the appropriate HCV Team Le		greement should be faxed or
Owner/Property Manager: Print Name:		ate://
Telephone		
Landlord/Representative Signature:		

