HOUSING AUTHORITY *of* JOLIET

INTENT TO VACATE

PART I: TO BE COMPLETED BY PARTICIPANT (HEAD OF HOUSEHOLD)

This form serves as written notice of your intent to vacate your current assisted unit under the Housing Choice Voucher (HCV) Program. You must have lived at your current unit for at least one year under HCV contract, be in *good standing,* and receive HAJ approval prior to moving.

Good Standing Requirements:

- Lease obligations fulfilled
- No outstanding rent balance or tenant paid utility balances
- Not in eviction or termination proceedings

I, _____, am giving _____ my notice to vacate:

Proposed Move-Out Date: _____ Assigned HCV Caseworker:

I understand I am responsible for rent through the later date of my actual move-out or the date the unit is vacated and keys are returned. Any change to my move-out date must be provided in writing to both the landlord and HAJ. Moving without prior written approval from the Housing Authority of Joliet (HAJ) is considered an unauthorized move and may result in TERMINATION of your Housing Choice Voucher assistance. If you move without approval, you may be responsible for the FULL contract rent at your new address.

Participant Signature: _____ Date: _____

PART II: TO BE COMPLETED BY PROPERTY OWNER / LANDLORD

Property Owner/Representative Name (print): _____

Current Lease End Date: _____

Are you aware of any damages beyond normal wear and tear? ☐ Yes ☐ No

Is the tenant currently in good standing under the lease? ☐ Yes ☐ No

Comments (optional): _____

I hereby acknowledge receipt of this notification to vacate and agree with the move out date above.

Property Owner / Representative Signature: _____ Date: _____

IMPORTANT SUBMISSION NOTICE

Both the participant and landlord must retain a copy of this completed form for their records. A completed copy must be submitted to the Housing Authority of Joliet by email, fax, or dropped off to the assigned caseworker