



310 N. Sixth Street
DeKalb, IL 60115
Phone: 815-758-2692
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www.dekcohousing.com

HCV Program Participant Intent to Vacate Unit

>> FOR THE TENANT <<

Name of Tenant: <i>(head of household)</i>	
Full Address with Unit Number:	
Last day of the Month:	<i>(i.e., June 2018)</i>

The above-named tenant hereby gives notice of intent to vacate the above listed unit on the last day of the month as noted above. The above-named tenants lease expires as of that date and does not wish to renew it. **If this notice is being given before the lease expiration date, it is the understanding that the landlord and tenant must both agree to terminate the lease and contract.**

- I do wish to keep my voucher and remain in the Housing Choice Voucher Program if I continue to qualify.
- I DO NOT wish to keep my voucher.

Tenant Signature: _____ **Date:** _____

>> FOR THE LANDLORD <<

Name of Landlord:	
Last day of the Month:	<i>(i.e., June 2018)</i>

I, the named Landlord do mutually agree with my tenant that our lease and contract shall be terminated and will end on the last day of the month and year as stated above. By signing this the landlord hereby agrees that the tenant is in good standing and has paid in full all rent and monies due and owed under the terms of the lease.

Landlord Signature: _____ **Date:** _____

THIS COMPLETED INTENT MUST BE RECEIVED BY THE HOUSING AUTHORITY AT LEAST 30 DAYS IN ADVANCE OF THE ABOVE INTENDED EXPIRATION OF THE LEASE.

Remarks: