

**HADC Use Only**

Specialist Assigned: \_\_\_\_\_

Tenant Number: \_\_\_\_\_

Annual Effective: \_\_\_\_\_

**60 Day Notice-To-Vacate (Mutual Termination of Lease)**

Participant Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Cell, Home, Work - circle one)

Owner/Property Manager Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Cell, Home, Work - circle one)

By agreement, the above-mentioned parties agree that the leasing agreement for the rental unit listed above shall be terminated on: \_\_\_\_\_ (**must be on the last day of the month**).

**(Tenant):**

I, \_\_\_\_\_ (Participant Name), agree that I will be moving from my current unit on the date listed above, I understand that if I remain in the unit after the above-mentioned termination date; the Housing Authority of DeKalb County will not be responsible for my rent. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in DeKalb County's jurisdiction.

Tenant's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**(Owner):**

I, \_\_\_\_\_ (Owner/Management Name), agree with the conditions and further understand that the Housing Authority of DeKalb County will not be responsible for any rent portion after the move-out date stated above. I understand that the Housing Authority of DeKalb County is not a party to the lease and cannot assist with collections of outstanding debts. I further understand that this agreement does not remove any rights or responsibilities under the laws set forth in DeKalb County's jurisdiction.

Owner/Management Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**\*\*\*Note:** this form **WILL NOT** be approved if you are in your initial lease term or if the participant has been issued a proposed termination. If you have an Annual Recertification coming up within the next 90 days, please be advised that the **move request will not be processed until the Annual Recertification is complete.**

**Owners:** If your unit is currently under abatement, the abatement may remain in effect through the contract termination date. Please refer to the contract termination letter sent to you by the Housing Authority of DeKalb County's Inspection Department.



If you require special assistance or reasonable accommodations due to a disability, including the need to receive documents or communications in alternative formats, please contact the Housing Choice Voucher Program Office at (404) 270-2500. For Georgia Relay Service, please dial 7-1-1.

