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# 60 Day Notice to Vacate form

## HOUSING CHOICE VOUCHER PROGRAM

246 Sycamore Street, Suite 260, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

[www.dekalbhousing.org](http://www.dekalbhousing.org)

### 60 Day Notice to Vacate form (Mutual Termination of Lease)

To request a Notice to Vacate for a tenant/unit, please submit this completed form and any supporting documents by e-mail to [NoticeToVacate@dekalbhousing.org](mailto:NoticeToVacate@dekalbhousing.org) or via the fax or mailing address located at the top of this form.

Participant Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (Cell, Home, Work- circle one)  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Owner/Management Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ (Cell, Home, Work- circle one)  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*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 both parties have not signed this document and the participant is in the initial lease term, or if the participant has been issued a proposed termination.

Participants, 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 HADC'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, dial 7-1-1.

