



VACATE DATE CERTIFICATION FORM

Please complete this form, and return the form to the Housing Authority along with your Request for Tenancy Approval. **Your transfer can not be completed until this form has been submitted to the Housing Authority.**

Name of Head of Household: _____ Tenant ID: _____

Address of the Unit you are vacating: _____

_____ I certify that my household vacated the above unit on _____.
(Initial) (Date)

_____ I certify that I have provided my landlord with proper notification of my move out date in compliance with
(Initial) the terms and conditions of my lease.

By signing this form, I certify that the information provided above is true, correct, and complete. I understand that if I do not give proper notice to my landlord, that I may be terminated from participation in the Section 8 Housing Choice Voucher Program. Also, I understand that this form may be provided to my landlord upon request.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Tenant Signature (required) _____
Signature *Date*

Tenant Forwarding address: _____

New phone or message number: _____

Email Address: _____