



# VACATE DATE CERTIFICATION FORM

**DO NOT SUBMIT THIS FORM BEFORE YOU MOVE OUT**

**IT MUST BE SUBMITTED TO THE HOUSING AUTHORITY  
AS SOON AS YOU MOVE OUT OF YOUR UNIT, NOT BEFORE.**

**YOUR TRANSFER CANNOT BE COMPLETED UNTIL THIS FORM IS RETURNED  
FULLY COMPLETED TO THE HOUSING AUTHORITY.**

Name of Head of Household: \_\_\_\_\_ Tenant ID: \_\_\_\_\_

Current Telephone Number: \_\_\_\_\_ Current email address: \_\_\_\_\_

Address of the Unit you are vacating: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Initial) I certify that my household ***vacated*** the above unit on \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Initial) I certify that I have provided my landlord with proper notification of my move out date in compliance with  
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, 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,  
& new email (if different than  
above) \_\_\_\_\_

**For any questions on completing this form or to verbally confirm your vacate date  
please call the HA Information Center at (831) 454-5955.**