

HOUSING AUTHORITY OF HARTSVILLE
POST OFFICE DRAWER 1678
HARTSVILLE, SOUTH CAROLINA 29550

NOTICE OF INTENT TO VACATE

PROJECT NO.: _____ ACCT. NO. _____

PROJECT NAME: _____ UNIT NO. _____

TO: _____

(Name of Authority and Person Presented To)

This is to advise you of my intent to terminate my Lease Agreement for The unit of housing located at

_____, on the _____ day of _____,

20 _____. I plan to move to _____

The reason for terminating my Lease Agreement is: _____

(Signature Of Leasee)

FOR HOUSING AUTHORITY USE

DATE MOVED: _____ LAST DAY FOR WHICH MONTHLY

PAYMENT IS DUE _____

Home Inspected by:

NAME TITLE DATE

Description of repairs needed _____

Repairs Authorized by Work Order No. _____

Approved:

Signature of Authorized Official

Title