



**GEORGIA DEPARTMENT
of COMMUNITY AFFAIRS**

Notice of Intent to Vacate

Name:		Phone:	
Street:		Email:	
City, Zip		Tcode:	

Housing Choice Voucher Participants: you must notify your landlord at least 60 days in advance of your intended vacate date. Failure to do so may result in denial of your move request. This form must be submitted with any applicable verification. Failure to provide a complete request and any applicable supporting verification will result in the denial of your request to move with assistance.

Vacate Date: _____

Are you currently under a lease agreement? (if so, landlord must mutually agree unless your vacate date is the end of your lease)		If you and the landlord mutually agree to break your lease, you must upload verification.
Do you owe your current landlord for unpaid rent charges, lease fees, or damages?		If yes, this debt must be cured before vacating the unit.
Have there been any changes to your household income?		If yes, you must upload your verification with this request.
Have there been any changes to the assets held by your household?		If yes, you must upload your verification with this request.
Have there been any changes to your household composition?		If yes, you must upload your verification with this request.
Are you requesting to move within DCA's jurisdiction or port-out?		If porting out, you must submit a completed port request form.

Please note: Any income/asset changes reported after the voucher is issued, will be captured once you have successfully leased up. Additionally, if your annual recertification is due within 120 days, you will be required to recertify. Failure to complete the recertification may result in the cancellation of your NTV. If you are electing to move and do not locate a unit before your scheduled vacate date, your landlord is not required to grant you an extension in the unit. If you are issued a voucher to move and it is determined that you are not eligible to move with assistance, your voucher may be revoked.

Tenant Signature: _____ Date: _____

Tenant Declaration: I certify that the information provided above is true and complete to the best of my knowledge. I understand that providing false information may result in the denial or termination of my HCV assistance.