



Ann Arbor Housing Commission

727 Miller Avenue, Ann Arbor, MI 48103
Phone (734) 794-6720 Fax (734) 994-0781
http://www.a2gov.org/housingcommission

NOTICE OF INTENT TO MOVE

TENANT NAME ASSISTED UNIT ADDRESS

According to the terms of my lease requiring a minimum of a 30 day notice, you are hereby advised of my intent to vacate the premises on or before this date

I understand that I must provide a forwarding address for the return of my security deposit within 30 days of vacating the premises. The forwarding address is:

If you have any questions, please contact me at:

A. Responsibilities – Current unit

- You are liable for any outstanding rent including unpaid security deposit.
You are liable for any charges due to damages beyond normal wear and tear.
You are liable for all rent incurred by staying beyond the date of my proposed move out date.
You must provide the landlord with a forwarding address according to the terms of my lease.
You may not move-into a new unit if a balance is owed to your current landlord.

B. Responsibilities – New unit

- You will be responsible for the security deposit, moving costs and utility hook-up charges.
You will be responsible for the rent if you move into the unit before the unit has passed inspection, you still have an obligation to your old landlord, until Section 8 contracts are signed.

C. When you move from your Current Unit

- Your belongings, furniture, clothes, and kitchen utensils should be removed by the move-out date. The unit should be left in good/clean condition.
Return your keys to your landlord. Ask for a receipt immediately upon vacating the unit.

I understand and agree to complete all the items mentioned above. I understand that I must notify the PHA and the owner before the family moves out of the unit. The owner may use the security deposit for any unpaid rent, damages, or any other amounts that the tenant owes under the lease. If the security deposit is not sufficient to cover the amounts the tenant owes under the lease, the owner may collect the balance from the tenant. I understand that I may not owe any amounts to the landlord in order to move with continued assistance. I understand that PHA may terminate assistance for the family for any grounds authorized in accordance with HUD requirements. I understand that a copy of this notice will be sent to my landlord.

Tenant Print Name Tenant Signature Date

AAHC Staff: