



TACOMA HOUSING AUTHORITY

Intent to Move

THA Form (#) REM-TNFR-01

I understand that the relocation process may take 45 – 60 days and my move out date below is at least 45 days away.

I understand that if my move out date is less than 45 days and I move to a new unit, I may be responsible for paying my 1st month's rent.

I understand that my new unit must be inspected and pass the inspection before THA will pay any rent.

I understand that I may not be eligible to relocate if I have been evicted for serious or repeated lease violations, or if I owe any money for damages, utilities or rent and/or my participation is terminated in the Section 8 Housing Choice Voucher Program. I also understand that this form must be signed and returned to the THA office as soon as possible.

Tenant

THIS IS MY NOTICE TO MOVE AND TERMINATE MY TENANCY ON:

_____ from my unit at _____
(Date, End of Month) (Current Address)

_____ Phone Number _____ E-Mail (optional) _____
Print Name

_____ Date _____
Tenant Signature

Owner/Agent

Does the tenant owe any back rent? Yes No If Yes, how much? _____

Will the tenant owe for damages beyond their deposit, over normal wear and tear? Yes No

If yes, please indicate the approximate amount. \$ _____

I acknowledge this intent to move and agree with the date listed above.

_____ Phone Number _____ E-Mail (optional) _____
Print Name

_____ Date _____
Owner/Agent Signature

BY SIGNING THE ABOVE FORM, THE OWNER/AGENT & FAMILY UNDERSTAND THAT THE HOUSING AUTHORITY WILL STOP PAYMENT TO THE OWNER/AGENT ON THE AGREED UPON DATE ABOVE. IF THE FAMILY CONTINUES TO RESIDE IN THE UNIT AFTER THE AGREED UPON TERMINATION DATE, THEY WILL BE FULLY RESPONSIBLE FOR THE ENTIRE CONTRACT RENT.
