

Key Return / Vacate Notice

Client #:			Vendor #:		
Tenant Name:			Vendor Name:		
Address:			Vendor Phone #:		
City:		State:	ZIP Code:		
Tenant Phone #:			Tenant Email:		

All of the lines below must be completed in order to process this form. Lack of any missing information may delay the process.

1. Lease Expiration Date: _____

2. Date Tenant moved out / Key Return Date: _____

By signing this form, I certify that:

1. The move out date listed on line 2 above is correct and I am in agreement with this date.
2. If there are any discrepancies in dates listed above that result in landlord payment issues, the tenant will be responsible for the entire contract rent amount.
3. If I am moving into another assisted unit, the lease may not start and the HACC will not approve the move in until the 1st of the month following the move out date listed above.

Tenant Name

Tenant Signature

Date

By signing this form, I certify that:

1. The move out date listed on line 2 above is correct and I am in agreement with this date.
2. If there are any discrepancies in dates listed above that result in landlord payment issues, the tenant will be responsible for the entire contract rent amount.

Owner/Agent Name

Owner/Agent Signature

Date