Housing Authority of Cook County
175 W Jackson Blvd., Suite 350
Chicago, IL 60604
312-663-5447
Fax 312-663-3508
www.thehacc.org

Key Return / Vacate Notice

Client #: _____ Vendor #_____

Tenant Name: _____ Vendor Name: _____

Address: _____ Vendor Phone #: _____

City/ Zip: _____

Tenant Phone #_____

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