OFFICE USE ONLY FORM #: 877 HOUSEHOLD ID: TICKLER #: EFFECTIVE DATE:

TERMINATION ACKNOWLEDGEMENT FORM

I,, the owner and / or manager of the	
(Print Name of Landlord)	
Property located at	
(Section 8	3 - unit address)
release the tenant	at the above-
(Print Name of 1	
mentioned property from his / her Section	8 Lease as of:
(D	ate of Release Must Be the End of the Month)
We understand that the Section 8 Housing Assistance Payment will terminate as of	
the date of release. We encourage both pa	rties to do a vacate inspection. All rent,
utility payments, and other charges should be up to date. If damage or unpaid	
amounts are an issue, arrangements should	d be made to cover these costs. This will
be considered proper notice to vacate the	premises.
Landlord's Signature	Date
Tenant's Signature	Date
TENANT PHONE #:Tenant Em	ail Address
THE BEST F	PHONE NUMBER TO REACH YOU
You must contact you Senior Housing Specialist to s	chedule a moving appointment in order to obtain
your voi	ucher.
Please allow at least 45 days to	complete the moving process.