



## TENANT MOVE CLEARANCE FORM

This form **must be completed by the landlord** to ensure that the participant is good standing and has met all family obligations according to the lease agreement before a move takes place. Please answer the questions below and explain when necessary. This form should be returned no later than ten (10) business days from the date written above. If the Housing Authority of Fulton County does not receive this information, it will be assumed that the family is in good standing and in compliance with their lease terms. Please be advised that landlords are responsible for notifying the HAFC of any changes in writing that have occurred after the submission of this form.

Participant Name		Telephone		
Participant Address:				
City	State		Zip	
Landlord Name		Telephone		
Landlord Address:				
City	State		Zip	
Has the participant given a no If no, explain	· ·	J	Yes	□ No
2. When is the participant sched	uled to vacate the property?			
3. Has the participant caused an appropriate repairs been made? If no, explain			Yes	No
4. Has the participant paid all rer If no, explain			Yes	□ No
Landlord/ Agent Name:				
Landlord/ Agent Signature:				