

**WEST VALLEY HOUSING AUTHORITY**

P. O. Box 467  
Dallas, OR 97338  
(503) 623-8387

- OFFICE USE ONLY -	
Development No.:	_____
Unit No.:	_____
Unit Size:	_____
Accessible:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTICE OF INTENT TO VACATE**

DATE OF NOTICE: \_\_\_\_\_

NAME OF FAMILY: \_\_\_\_\_

ADDRESS OF UNIT: \_\_\_\_\_

\_\_\_\_\_

I hereby serve notice that I intend to vacate the above-identified dwelling on:

\_\_\_\_\_, 20\_\_\_\_\_. (30<sup>th</sup> day\_\_\_\_\_).

My reason for moving is: \_\_\_\_\_

My forwarding address is: \_\_\_\_\_

\_\_\_\_\_

(Signature of Tenant or Representative)

**All belongings are to be removed from the premises prior to turning your keys into the Housing Authority. Failure to vacate the premises and return the keys by the 30<sup>th</sup> day will result in the Tenant being responsible for an additional month's rent, unless you have been granted an extension.**

- OFFICE USE ONLY -		
Returned Keys on: _____	No. of Keys returned: _____	
Move Out Inspection: _____	Move In Inspection: _____	
Last day rent charged: _____	Re-rented on: _____	
Name of new Resident: _____		
Number of Vacancy Loss Days: _____		
TYPE	WORK DAYS	CALENDER DAYS
Down Time		
Maintenance Time		
Occupancy Time		