

SOUTH METRO HOUSING OPTIONS

5745 S. Bannock St Littleton, CO 80120

Phone 303-794-9608

Fax 303-794-0806

NOTE: EFFECTIVE FROM THE FIRST (1ST) TO THE END OF THE MONTH ONLY!!!!

NOTICE OF INTENT TO VACATE

DATE: _____

TENANT'S NAME: _____

TENANT'S ADDRESS _____

LANDLORD'S NAME _____

LANDLORD'S ADDRESS _____

To Whom It May Concern:

You are hereby advised that the undersigned will vacate the above premises on or before (date)_____ for the following reason(s):

Purchase home ____ Move from area ____ Over income ____ Transfer to other PHA ____

Other:

The date given above is a definite vacating date, and the landlord is hereby authorized to show the premises to prospective tenants by arrangement if so desired.

It is understood that the giving of this notice does not relieve the tenant of any liability under the present lease.

Tenant's Signature

Landlord's Signature

Tenant's forwarding address:

**** Copies must be sent to both South Metro Housing Options and the Landlord by the tenant give 30-day notice.**

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Page 2

I/We understand that the rent and other charges are due through and including the last day of the month my/our unit is completely vacated and all keys returned to the owner/manager, or through the end of the lease, if later. I/We also understand that if I/We fail to vacate the unit by the move out date shown on page one, I/we may be held liable for any damages resulting from the re-rental of this unit or you may elect to treat this Notice as cancelled and I/we will be required to provide a new Notice of Intent to Vacate in order to terminate the lease obligations.

I/We agree that any furniture, furnishings, personal belongings or other items left in the unit after I/we vacate are to be considered abandoned and can be discarded by you or otherwise treated in any manner prescribed in my/our lease agreement. Neither you nor your agents have any responsibility for any item(s) remaining in the unit.

I/We further understand that I/we cannot use the security deposit for any unpaid rent and will be held responsible for paying rent through the expiration of my/our lease. It is also understood that an inspection will be made of my/our unit prior to or after I/we have vacated, and the security deposit refund will be determined by the condition of my/our unit and whether or not all terms and conditions of the lease agreement have been fulfilled. Any refund should be mailed to me/us at the forwarding address on page one (1).

Head of Household signature Date

Property Owner/Manager Date

Telephone

Telephone

Spouse/Other Adult Date

As of this date, the following applies:
Tenant rent is current ___Yes ___No
If no, amount owed: \$ _____
Tenant utility bill is current: ___Yes ___No
If no, amount owed: \$ _____
Damages to unit ___are ___are not expected



South Metro Housing Options does not discriminate based on race or color, religion, national origin, familial status or disability.