

CANTON HOUSING AUTHORITY
120 Faith Lane
Canton, MS 39046
Phone: 601-859-4032 Fax: 601-859-5217

THIRTY DAY NOTICE OF RESIDENT(S) INTENT TO VACATE

To: _____ (CHA)

You are hereby given notice that _____,
(Resident(s)) intend(s) to terminate the tenancy and to move from the premises located at:

_____, Apt # _____
(Street Address)

_____ as of _____ (date).
(City)(State) (Zip)

It is understood as follows:

- a. that a Thirty Day Notice of Intent to Vacate is required by the Lease Agreement;
- b. this Thirty Day Notice of Intent to Vacate does not relinquish Resident from any obligation of the lease, including payment to the end of the lease term;
- c. Resident's possession of the apartment remains in effect until all belongings are removed and all keys returned; and
- d. except as provided by law, rent is due and payable up to and including the final date of possession, or thirty (30) days after service of this notice to Manager, whichever is later.
- e. Resident cannot use the security deposit as last month's rent. Rent is payable through the termination of the tenancy.

Reason for terminating Lease Agreement (optional): _____

Forwarding Address: _____

Phone Number where resident can be reached *after* move-out: _____

NOTICE OF PRE-MOVE-OUT INSPECTION

I understand that a pre-move-out inspection of my unit may be performed by Canton Housing Authority I also understand that after this pre-move-out inspection, if requested by me, CHA will provide an itemized statement specifying repairs or cleaning that are proposed to be the basis for the deductions from the security deposit. I understand, however, that this may not be the final accounting of deductions from my security deposit. I understand that no later than thirty days after CHA has regained possession of the premises, Manager shall provide me with an itemized statement, indicating the basis for, and the amount of, any security deposit received and the disposition of the security and shall return any remaining portion of such security deposit to me at the forwarding address provided above.

(Check only one option below)

- I waive my right to 48-hour notice by CHA prior to entry of the apartment to perform the pre-move-out inspection.
- I want CHA to provide 48-hour notice prior to entry of the apartment to perform the pre-move-out inspection.

Resident Signature(s): _____ Date Submitted: _____

CHA Representative Signature: _____ Date Received: _____