



Housing Choice Voucher Program NOTICE OF INTENT TO MOVE

This serves as a formal intent to move notice to both the landlord and the City of Chandler Housing Division. Please note that your notice to vacate will not be considered valid until this form, or another provided by your landlord, has been completed, signed by you and your landlord and date stamped by our office.

TENANT INFORMATION	
Name	Phone
Unit Address	Email
Landlord Name	

Check One:

- I am requesting to move from my current unit and maintain my housing assistance.
- Voluntary Termination: I am requesting to be removed from the Housing Choice Voucher Program.

It is my intention to move from the above stated address on _____. I understand that I must comply with the terms, as specified in the lease regarding the amount of time required prior to the lease termination.

My reason for leaving is _____.

My forwarding address is _____
Address City State Zip code

The Landlord understands that as a result of this decision he is not entitled to vacancy loss payments or damage claims from the City of Chandler Housing and Redevelopment Division.

We have read the above terms and agree to them.

Tenant Signature

Date

Landlord Signature

Date

For Office Use Only

Received By: _____ Date: _____

Request Referred To: Housing Specialist Housing Supervisor Other: _____

Action Taken: _____
