Housing Authority of the City of Meriden P.O Box 911 22 Church Street Meriden, CT 06451 203-235-0157 Fax 203-237-8966

## 30 DAYS WRITTEN NOTICE OF INTENT TO VACATE

## Must be completed by tenant

On	(Today's date), I	(tenant's nam	ne) hereby give you a
written 30 days n	otification of my intent to vacate	e the unit at	
Meriden, CT on t	he <b>last day</b> of the month of		
I understand tha	nt if I do not move by the abov	e date I must re-submit a new	notice to vacate form.
Signature		Phone	
Must be complete			•••••
On	(today's date), I	(landlord's nan	ne) received a 30 days
written notice fro	m the above tenant to vacate the	unit at	Meriden,
CT on	(last day o	f the month)	
rental charges in		out by the above date he or she te. If for any reason the tenant to vacate.	-
(Please check on	e)		
The above te	nant is in good standing		
The above te	nant is not good standing (PLEA	ASE EXPLAIN)	
COMMENTS:			
L andlord/Agent S	Sionature	Phone	

I,	(tenant's name) will be moving from my current unit at			
	(address).			
My expected move out date is	(last day of the month)			
	by current unit promptly and be in good standing with my rent. The sion removed. I further understand that I must return all keys to the e-out date.			
If the keys are not retuned on time, I will be responsible for all rental charges for the current unit that is incurred after the move out date. I also understand that my current landlord is not obligated to return my security deposit until 30 days after I move out. The MHA is not responsible for unreturned security deposit.				
SUBMIT ANOTHER 30 DAYS NOTI MHA. I also understand that MHA pay MHA personnel authorize me to move.				
I understand that if I pay the landlor	rd any rent, I must submit a receipt of the month rent to MHA.			
Head of Household Signature	Date:			

Note: The MHA will not process any Request for Tenancy Forms if the Notice to Vacate is not attached