



VACATE NOTICE

The following form is to be completed when vacating your current unit. You **must** give this notice to your landlord prior to vacating your unit. The notice **must** be before the **last day of the month** in which you will vacate your unit.

Once you have the landlord sign this notice, you **must** bring this notice to the Norman Housing Authority office no later than the **22nd** of the month **prior** to vacating your unit. Any requests after the 22nd will be postponed an additional month. Once we have your notice, we will notify you by mail with the date and time of that transfer appointment. Transfer appointments are during the first week of the month.

If you are porting to another agency, it is suggested to give 60 days notice as to process required paperwork between agencies.

Head of Household: _____
(Please Print Name)

Address of Current Unit: _____

Vacate Date: _____
(Must be **Last** day of Month)

I understand that after the above date, the Norman Housing Authority will no longer provide assistance to the above address.

I understand my notice must end at the end of a month and will not be accepted if the date of the notice is not the last day of a month.

I understand I will be responsible for rent to the landlord if I remain in the listed unit after the above date.

Once notice is given to the landlord and received by Norman Housing Authority, **ONLY** a Cancel Vacate Notice Form signed by the Landlord and Tenant will be accepted to reinstate assistance at the above address.

I understand the agreement above and hereby agree to the notice.

Signature of Landlord

Date

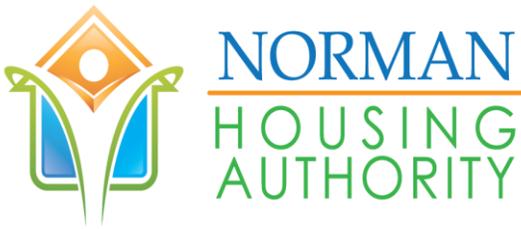
Signature of Tenant

Tenant Phone Number

Date

(Tenants complete back of page also)





700 N. Berry Road, Norman, OK 73069
Phone 405-329-0933 Fax 405-329-2542

“Affordable Housing...with Vision”

Do you plan to stay in the Norman area? **Yes** or **No**

If **NO**, include the complete name, address, phone number, fax number and contact name of the new Housing Authority to which you plan to relocate.

(Name of the NEW Housing Authority)

(Address of the NEW Housing Authority)

(Phone Number of the NEW Housing Authority)

(Fax Number of the NEW Housing Authority)

(Contact name of the NEW Housing Authority)