



HOUSING CHOICE VOUCHER PROGRAM
Landlord's Certification of Good Standing

_____ has received a Notice of Intent to Vacate from your tenant
Local Housing Agency (LHA)

_____ with an effective date of _____, 20____.
Name of Head of Household

CFR24 982.551(e) Violation of the lease. The family may not commit any serious or repeated violations
of the lease. CFR 24 982.551(f). Family Notice to move or lease termination. The family must notify the Local
Housing Agency (LHA) and the owner before the family moves out of the unit, or terminates the lease by written
notice to the owner.

Landlord: Has your tenant furnished proper notice to vacate/non-renewal of the lease as prescribed in your lease?
Yes ___ No ___ Date _____

Effective Date of move out: _____ Please do not sign if more than 60/90 days from effective date.

Will you allow for early release from lease? Yes _____ No _____

Does the tenant owe any balances for any rent? Yes _____ amount _____ No _____

Does the tenant owe any balances for any damages to the property? Yes ___ amount _____ No _____

Is the tenant currently in good standing (eligible to renew current lease)? Yes _____ No _____

Has the tenant violated the lease or any policies or provision therein? Yes ___ No _____

In accordance with this Notice to Vacate, VHDA will issue the final Housing Assistance Payment (HAP) on the
tenant's behalf for the period ending _____, 20_____.

LANDLORD'S STATEMENT: I certify that the information provided in this statement is true and complete
to the best of my knowledge. I understand that VHDA will act upon this information quickly and any rescinding of this
notice will require extensive evidence to overturn the issuance of a tenant's voucher and legal action may be my only
course of action pursuant to my claims.

Landlord: (PLEASE INITIAL ONE)

_____ I agree to allow the tenant to extend their intent to vacate date if needed. I am aware I will
continue to receive Housing Assistant Payments (HAP) as long as there aren't any violations. This
extension will not exceed 30 days.

_____ I will not grant any extensions beyond the tenant's intent to vacate date. I understand I will
no longer receive HAP after this date. _____, Date _____ 20_____

Signature of Landlord/Agent _____, Date _____, 20_____

Please complete the bottom section of this form and return it to VHDA within (10) business days after the postmark date of this notice. If the tenant
currently has unresolved lease violations, submit evidence of your claim for unresolved lease violation(s) or your written description of the lease violations.

Additional Note Regarding Extensions of Move-Out Dates:

If the tenant does not vacate the unit by the above indicated date, VHDA will make the HAP payment for each month that the tenant resides in the unit. In
order for VHDA to continue payments on behalf of this tenant (past the move-out date), both parties (tenant and landlord) must submit a written agreement. This
notice must be received by the LHA no later than (3) business days prior to the last day of the month. If the notice is received after that day, your Housing
Assistance Payment will be delayed.



HOUSING CHOICE VOUCHER PROGRAM

Intent to Vacate

CFR24 982.551(e) Violation of the lease. The family may not commit any serious or repeated violations of the lease. **(f). Family Notice to move or lease termination.** The family must notify the Local Housing Agency (LHA) Authority and the owner before the family moves out of the unit, or terminates the lease by written notice to the owner:

I, _____ hereby give my written Notice of Intent to Vacate the property located at _____ no later than _____, 20_____.

I understand in accordance with this Intent to Vacate, VHDA will issue the last Housing Assistance Payment on _____, 20_____.

I understand that should I need to continue to occupy the unit, maintain possession of the keys or have items remaining in the unit after the above date, I must receive an approval for an extension to the Move Out Date by completing the following:

- (1) Submit a written statement to request a specific amount of time to extend the move out date for approval by the landlord. Landlord's written statement is required to grant approval.
- (2) Submit the landlord's written approval of the extension to the LHA prior to the move out date noted above.

I also understand that if I receive an extension to the move out date beyond 60 days from the date of the *Intent to Vacate*, I must submit a new *Notice of Intent to Vacate*.

I certify that I understand that my Port, Transfer, or Move request may be denied or delayed if my current landlord submits proof to the LHA of any pending or unresolved lease violations. I also understand that my failure to comply with the process for move out requests or extension requests will result in discontinued Housing Assistance Payments on my behalf.

Signature of Head of Household _____, Date _____, 20_____

Print Name of Head of Household _____

Contact # _____

LHA Agent _____ Date _____, 20_____

Approved Denied



Reason for Denial
