



VACATE DATE CERTIFICATION FORM

Please complete this form, and return the form to the Housing Authority as soon as you move out of your unit. Your transfer can not be completed until this form has been submitted to the Housing Authority.

Name of Head of Household: _____ Tenant ID: _____

Contact Telephone Number: _____

Address of the Unit you are vacating: _____

_____ I certify that my household vacated the above unit on _____.
(Initial) (Date)

_____ I certify that I have provided my landlord with proper notification of my move out date in compliance with
(Initial) the terms and conditions of my lease.

By signing this form, I certify that the information provided above is true, correct, and complete. I understand that if I do not give proper notice to my landlord, that I may be terminated from participation in the Section 8 Housing Choice Voucher Program. Also, I understand that this form may be provided to my landlord upon request.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

Tenant Signature (required) _____
Signature *Date*

Tenant Forwarding address: _____

New phone or message number: _____

Email Address: _____

For any questions on completing this form or to verbally confirm your vacate date please call HA at (831) 454-9455, Ext. 233.