



HOUSING AUTHORITY OF THE COUNTY OF CHESTER

30 West Barnard Street, Suite 2
West Chester, PA 19382
Phone 610-436-9200 * Fax 610-436-9203
www.haccnet.org

INTENT TO VACATE

(Required by Paragraph 12 (G) of the Residential Lease)

NAME OF TENANT: _____

DATE: _____

UNIT ADDRESS: _____

MOVE OUT DATE _____

UNIT ID # _____ BR: _____

FORWARDING ADDRESS: _____

TENANT SIGNATURE

PHONE NUMBER: _____

WITNESS SIGNATURE

ALL ITEMS REMAINING IN THE UNIT WILL BE DISCARDED AND CHARGED TO THE SECURITY DEPOSIT

NOTE TO TENANT: THE AUTHORITY CANNOT MAIL YOUR REFUND CHECK TO YOU UNLESS YOU PROVIDE US WITH A CORRECT FORWARDING ADDRESS. WE WILL NOT BE RESPONSIBLE FOR ANY FURTHER ACTION ON THIS MATTER IF YOU DO NOT COMPLY WITH THIS REQUIREMENT.

BELOW FOR HACC USE ONLY

REASON FOR VACANCY

- (1) ABANDONMENT
- (2) CRIMINAL ACTIVITY
- (3) DRUGS
- (4) EVICTION
- (5) FRAUD
- (6) ILLNESS/DEATH
- (7) MOVED W/O NOTICE
- (8) UNKNOWN/OTHER _____
- (9) REQUEST OF AUTHORITY
- (10) UNIT TRANSFER
- (11) MOVED TO PRIVATE HOUSING
- (12) REHAB UNIT

- Unit released to Maintenance
- Place HH Goods in storage
- Trash all items
- Change locks
- Deliver keys to Manager
- Do Not Refund SD
- Apply SD to balance
- Refund Security Deposit

UNIT VACANCY TRACKING

PRE-MOVE OUT INSPECTION SCHEDULED DATE _____

OFFICE RECEIVED KEYS FOR UNIT DATE _____

MOVE OUT INSPECTION COMPLETED DATE _____

LOCKS CHANGED DATE _____

MAINTENANCE SCHEDULE START DATE _____

PAINT CONTRACTOR SCHEDULED DATE _____

FLOOR CONTRACTOR SCHEDULED DATE _____

ESTIMATED COMPLETION DATE _____

BOROUGH INSPECTION (If Required) DATE _____

RENT CHARGED TO DATE _____

PROJECTED LEASE SIGNING DATE _____

FINAL ACCOUNTING

Monthly Rent \$ _____

Rent Credit \$ _____

Utility Credit \$ _____

Damage Charges \$ _____

Security Deposit \$ _____

Final Balance \$ _____

UNIT SCHEDULED FOR TRANSFER

SITE MANAGER _____

DATE _____