



HOUSING AUTHORITY OF BALTIMORE CITY (HABC)
Housing Choice Voucher Program (HCVP)

60-DAY NOTICE TO VACATE

PART A – TENANT – Please complete Part A only, and follow the instructions on the attached Notice to Vacate Procedures. Your landlord will complete Part B below. If your move is approved, you will be required to sign the HABC HCVP Acknowledgment.

To (Landlord): _____

Please accept this document as my **60-Day Notice to Vacate** my unit at:
(Subsidized Address) _____

I will be moving from my unit on [*Move out Date must be the last day of the month*]: _____

I understand that before I receive authorization to move, I must pay the balance due on any unpaid rent, water bills and environmental fines as prescribed by my lease and HAP Contract that is my responsibility as the Tenant. Please assist me by completing the form below and certifying that I am current with my family obligations.

I am mailing this notice to you at: _____
(Use the address provided in the lease to send notices to Landlord.)

The Tenant must mail this notice via first-class mail with certificate of mailing no later than three business days before the end of the month. If the Tenant mails the notice late, the Tenant’s lease may automatically renew and the Tenant may not be able to move until the end of the renewal period. The lease may allow the tenant to deliver the Notice other than first-class mail with certificate of mailing. If the Tenant fails to move out by the above date, the Tenant will have to issue a new Notice to the Landlord, and may face a civil lawsuit if the Tenant remains in the unit without the Landlord’s permission.

**ANY ATTEMPT TO FALSIFY THIS FORM WILL RESULT IN A NOTICE OF TERMINATION WITH RIGHT TO A HEARING (AT TENANT’S REQUEST) FROM THE HCVP.
KEEP THE YELLOW COPY OF THIS NOTICE FOR YOUR RECORDS.**

Printed Name of Tenant _____ Signature of Tenant _____ Date _____

Phone: _____ E-mail Address: _____

PART B – LANDLORD – Please complete Part B only, and follow the instructions below.

I, _____, the landlord for the above-named tenant currently residing at the subsidized address indicated above, certify that: [*Check A or B below.*]

A: _____ The above-named tenant is **CURRENT** on his/her family obligations under our lease. I accept this document as the tenant’s official Notice to Vacate the subsidized address listed above.

B: _____ The above-named tenant is **NOT CURRENT** on his/her family obligations under our lease, the lease has not expired, and/or the tenant owes a balance due that includes, but is not limited to: rent, water bills, and/or environmental fines, which are the tenant’s responsibility under our lease.

☐ Check box if lease will not expire by move out date.

PLEASE NOTE: If Option B is checked, you **MUST** forward any and all unsatisfied court judgments or previously filed lawsuits to substantiate any amounts owed along with this Notice.

Printed Name of Landlord _____ Signature of Landlord _____ Date _____

Phone: _____ E-mail Address: _____

INSTRUCTIONS TO LANDLORD: DO NOT MAIL OR FAX THIS FORM TO HCVP. PLEASE COMPLETE THIS FORM AND EMAIL IT TO: IntentToVacate@habc.org WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT OF THIS NOTICE. IF YOUR TENANT IS NOT CURRENT WITH HIS/HER FAMILY OBLIGATIONS, **YOUR FAILURE TO SUBMIT THIS COMPLETED FORM WITH DOCUMENTATION WITHIN FIVE (5) BUSINESS DAYS OF RECEIPT WILL RESULT IN YOUR TENANT RECEIVING A VOUCHER TO MOVE. IF YOU SUBMIT THE REQUESTED INFORMATION TIMELY, THE TENANT MAY NOT BE ABLE TO MOVE UNTIL THE JUDGMENT IS SATISFIED OR THE PREVIOUSLY FILED LAWSUIT IS RESOLVED.**

For Office Use Only.

Email Received (date): _____

Move Voucher Authorized: Yes ☐ No ☐

Reviewed by: _____ Date: _____