



**Housing Authority of the Town of Portland
9 Chatham Court, Portland, CT 06480**

P#:(860) 342-1688 / F# (860) 342-3961
Website: www.portlandha.org

30 DAY NOTICE OF INTENTION TO VACATE

TO: **Portland Housing Authority**

FROM: _____
(Resident Name) (Apt. No.) (Phone #)

I hereby serve my 30-Day Notice to vacate apartment on: _____

I am moving to _____
Street City State Zip Code

I must leave my apartment by the above-mentioned date or be charged for an additional month's rent. I am also responsible for any damages or excessive cleaning that may be required, such as with the refrigerator or range, and any excessive garbage left in the premises.

If I vacate prior to the above-mentioned date, I will notify the office and return the keys to the apartment. Upon the return of keys, **I may request an appointment to meet with a Portland Housing Authority representative to inspect the apartment.** After I vacate, I understand the locks, including the mailbox, will be changed. I also realize that any belongings abandoned in the apartment or basement storage will be stored for 30 days. If I fail to make arrangements to claim belongings, they will become the property of the Portland Housing Authority to dispose of as they see fit. **Electricity will be the responsibility of the resident until the date of vacate or the return of the keys to the apartment.**

Your lease requires you to give us written notice of the date on which you will move out, at least 30 days before the move. You may not remain in your unit beyond the move-out date in your notice unless you first get written consent from the Authority. If you do not vacate the apartment by said date; you will be charged for an additional month's rent. **In the event you vacate the apartment before your move-out date you must notify the office and return all keys to the apartment, mailbox, and your laundry card. Keys can be returned to the office Monday through Friday during regular office hours.** To obtain a full and prompt refund of your security deposit, your unit must be turned over to us in the condition it was in at move-in, except for normal wear and tear. Your lease allows us to subtract the cost of repairing any intentional or negligent damages to the dwelling unit caused by the resident, the residents family, dependents, or guests, and any rent or other charges owed by the resident. You will also be charged for removal of wallpaper, border, cost of stain blocker (Kilz, BIN) for covering paint, nicotine, smoke, crayon, marker, etc.), any excessive cleaning that may be required, such as with the refrigerator or stove, and any removal of any excessive garbage, furniture, clothing, etc. left in the premises. Residents wishing to dispose of large items must call the office to arrange pick-up. Residents are not allowed to drive moving vans or any other vehicle on the grounds or sidewalks.

I have read, understand, and agree to the terms of this agreement.

Signature of Resident Date

Signature of PHA Representative Date

OFFICE USE ONLY:	
INSPECTION DATE: _____	PH REP INITIALS _____
DATE KEYS RETURNED: _____	PH REP INITIALS _____
CLOSE OUT PHA WEB: _____	PH REP INITIALS _____
SEC. DEPOSIT AMOUNT _____	PH REP INITIALS _____
DATE MAILED _____	PH REP INITIALS _____