



NOTICE OF INTENT TO VACATE APARTMENT

To: City of Beacon Housing Authority
One Forrestal Heights
Beacon, NY 12508

Date of Notice: _____

Resident Name(s): _____

Unit Address: _____

I/We, the resident of the above unit, hereby give you this Notice that I /We intend to vacate the apartment on the _____ day of _____ 20_____.

We are vacating our unit because _____

My/Our forwarding address is _____

I/We are aware that a notice to vacate supplied on this date will release us from the lease on _____ . I/We further understand that the rent must be paid, IN FULL, to the date of this release, and that Security may not be used as payment for last month's rent. In addition, I/We agree to abide by the move out policies of The City of Beacon Housing Authority.

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____

Housing Authority Representative: _____ Date: _____



One Forrestal Heights • Beacon, NY 12508
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