



## Vermont State Housing Authority

1 Prospect Street, Montpelier VT 05602-3556

802-828-3295 (Voice) – 802-828-2111 (Fax)

800-820-5119 (Message)

[www.vsha.org](http://www.vsha.org)



### Notice to Owner- Family Vacating Unit

Please check the appropriate box:

- ☐ **I've already provided my landlord with written notice and have attached a copy to this form. (forward form along to your landlord to complete the bottom part of this form and return to VSHA)**
- ☐ **Below is my written notice to my landlord.**

Families are required to give a minimum of a 30-day notice, and the move-out date should be the last day of a month.

Dear Current Landlord,

This is my formal notice that I will be vacating my unit at \_\_\_\_\_  
on \_\_\_\_\_ (date).

Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### Landlord Certification

Participating Family: \_\_\_\_\_

Address of assisted unit: \_\_\_\_\_

Effective date of lease: \_\_\_\_\_

Effective date of lease ending: \_\_\_\_\_

☐ As of this day, this family is in good standing. Meaning, they're in compliance with their lease, current in their rent and utility payments, and they have not caused damage to their unit beyond normal wear and tear.

☐ As of this day, the family is NOT in good standing. Please check all the boxes that apply and attach supporting documentation.

☐ Family is behind on rent in the amount of \$\_\_\_\_\_.  
Family is currently in a repayment agreement ☐ yes ☐ no.  
If yes, details of repayment agreement\_\_\_\_\_

☐ Family is behind on utilities in the amount of \$ \_\_\_\_\_.

☐ There is damage to the unit beyond normal wear and tear. Please explain:

\_\_\_\_\_  
\_\_\_\_\_

☐ Other. Please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of owner/agent: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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To be completed by VSHA:

☐ Move approved

Date family is able to lease in new unit:\_\_\_\_\_

\* Review with supervisor to override

☐ Move denied.

Reason for denial: \_\_\_\_\_

\* Review with supervisor for termination

Signature of VSHA staff: \_\_\_\_\_ Date: \_\_\_\_\_

Title of VSHA staff: \_\_\_\_\_