

NOTICE OF INTENT TO VACATE

NOTICE DATE: _____

RESIDENT NAME: _____

ADDRESS: _____

I am submitting my 30-day notice of intent to vacate my residence. I understand that:

1. The residence is to be left clean and empty of all personal belongings
2. I relinquish any ownership of any personal belongings left in the residence at the time I turn my keys in, and that such belongings will be disposed of in any manner that OHA sees fit to employ
3. OHA may, at its sole discretion, determine that this notice cannot be rescinded or modified, based on operational or other commitments or priorities
4. My security deposit will be used, if and as necessary to make repairs or take other actions necessary to return my residence to active lease rolls.
5. My security deposit balance, if any will be mailed to my last known address within 30 days of the residence being returned to OHA's possession.

Signature

Date