



St. Charles Parish Housing Authority
200 Boutte Drive, P.O. Box 448, Boutte, LA 70039
(985) 785-2601, Fax (985) 785-6238

INTENT TO VACATE

TENANT: In accordance with my Low Rent Public Housing lease, I hereby give notice that I will vacate my residence at: _____ on/date_____.

(At least a 30-day notice is required per my lease agreement. If this notice is less than 30-days, your security deposit will be forfeited.)

Current Address: _____

Forwarding Address: _____

Telephone#: _____

Email Address: _____

SCPHA STAFF: My signature below acknowledges that the above notice has been received.

STAFF SIGNATURE: _____ **DATE:** _____

****IMPORTANT NOTICE TO TENANT****

By signing below, I acknowledge and understand I **MUST** vacate the unit on the date specified above.

I acknowledge and understand, that if the unit does not receive a "Pass" rating during the move-out inspection, I am solely responsible for any damages and the security deposit may not be refunded.

TENANT SIGNATURE: _____ **DATE:** _____

TENANT PHONE NUMBER: () _____ - _____ **DATE:** _____

Applicant's Initials: _____ INTENT TO VACATE SCPA