

## NOTICE TO VACATE HOUSING

Today's Date: _____	Lease Expiration Date: _____	Date Vacating: _____
Resident's Name: _____	Rank: _____	
Address: _____		
Reason for move: <input type="checkbox"/> PCS <input type="checkbox"/> ETS <input type="checkbox"/> Retirement <input type="checkbox"/> Copy of Orders provided <input type="checkbox"/> Other _____		
Forwarding Address: _____		
New Duty Station: _____	Cell/Alternate Phone Contact: _____	
Report Date: _____		
DD 2558 (stop allotment form) completed and attached (Army, Air Force and Navy excluded): <input type="checkbox"/> Marine <input type="checkbox"/> Coast Guard <i>*Effective date is month of move-out</i>		

- I understand my rent allotment is paid in arrears and partial allotments cannot be processed. Regardless of the vacate date indicated above, the final allotment is a full month; therefore, any refund that I am due for my last month of residency will be returned to me in accordance with applicable state law and will be mailed directly to me at the forwarding address listed above.
- Pursuant to the terms of my Resident Occupancy Agreement, I am required to give a \_\_\_ day notice to vacate. I understand that if my notice is given less than \_\_\_ days in advance, then I will be held financially responsible up to \_\_\_ days from the day I give notice unless I am able to provide written documentation verifying I was unable to give proper notice.  
 \_\_\_\_\_(Initial)
- I agree that if I am retiring or separating from the military the same month I am vacating housing, then an allotment cannot be processed thereby requiring me to pay Owner with a check, money order or credit card for my last month's rent, which must be paid prior to my scheduled move out.
- I understand that my rental ledger must be current and all unpaid utilities and/or damage charges must be paid in full prior to move-out.
- The Community Office will schedule a home inspection for the actual move-out date noted above.
- I grant authorization to share my contact information with the privatized housing partner at my next duty station for leasing purposes.

**Resident's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**\*\*\* FOR OFFICE USE ONLY \*\*\***

Pre Move-Out Inspection Appointment:	Date: _____	Time: _____
Move-Out Inspection appointment:	Date: _____	Time: _____

Is Resident Ledger Account up-to-date? <input type="checkbox"/> Yes <input type="checkbox"/> No	Outstanding Balance: _____	Utility Balance: _____
Is this a lease break? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requirements and instructions for Lease-Break: _____	

ETS-ing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ (Initial)
If Yes (choose one):			
<input type="checkbox"/> Vacating same month as final date of service. Informed SM he/she must pay pro-rate amount for last month of occupancy in the amount of \$ _____ five (5) days prior to scheduled move out date.			
<input type="checkbox"/> ETS date is scheduled for month following vacate date. Owner should get allotment and issue refund as usual.			

**Owner Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_