

Housing Authority of the City of Heber Springs

[400 E. Spring St. P.O. Box 900 Heber Springs, AR 72543](mailto:400.E.Spring.St.P.O.Box.900.Heber.Springs.AR.72543) | Phone: 501.362.6108 | Fax: 501.362.7818 | www.hspha.com

30 DAY NOTICE OF INTENT TO VACATE

This is to serve as notice that, effective this date _____, I intend to vacate the property located at _____

I, _____, will leave the unit in an acceptable condition, pay any rent balance still due, pay all utility bills which I am responsible for in regard to this unit, and return the keys to the Housing Authority at the time of move-out. I understand that failure to do so may jeopardize any assistance I receive from the Housing Authority.

Please provide a forwarding address:

(Street)

(City) (State) (Zip)

Name: _____ Date: _____

Contract Phone Number: _____

Signature: _____

TO BE COMPLETED BY Tenant: