

## **Scottsdale Housing Agency**

Paiute Neighborhood Center 6535 E. Osborn Rd., Bldg. 8 Scottsdale, AZ 85251-6029

I/We hereby give notice that I/we will vacate the dwelling unit located at:

PHONE 480-312-7717
FAX 480-312-7761
TDD 480-312-7411

WEB www.scottsdaleaz.gov/assistance/housing/voucher

## **NOTICE TO VACATE**

To be completed and signed by the Head of Household and Management/Owner. Please review your lease prior to signing this form to determine if the lease requires a 30, 60 or 90-day notice.

| ADDRESS:                       |  |  |
|--------------------------------|--|--|
| VACATE DATE:                   | which is   | days from the date of the notice.  |
|                                | nit in a clean, safe, sanitary and undama out, cleaning and inspections. | aged condition. I/We will comply with the landlord's   |
|                                | cannot be available for such inspection, it                              | final walk through or move out inspection with the is our responsibility to arrange for a representative to      |
|                                |  | r deposits to repair damage to the apartment/home r, or to clean the unit if it is not returned in the condition |
|                                | the move-out date and that my failure to dep                             | imes for releasing of the unit and that the unit will be part by this date may subject me to a per diem rent and |
| I/We understand that pleaving. | ersonal property left behind may be dispose                              | d of by Management as it sees fit immediately upon my  |
| Resident Name                  | Resident Signature   | Date   |
| Resident Name                  | Resident Signature   |  |
| Owner/Agent Name               | Owner/Agent Signat   | ture Date  |

