The Housing Authority of the City of North Chicago
1440 Jackson Street. North Chicago, Illinois 60064
Phone: (847) 785-4300 Fax: (847) 689-4489

NOTICE TO VACATE

This notice can be used as a 30-day notice or as a mutual agreement.

Head of Household: _____

Head of Household Address: _____

Head of Household Phone Number: _____

Date requesting to vacate unit: _____

- *A minimum of 30-days notice is required prior to vacating the unit, unless a mutual agreement*
- *The notice must take place from the 1st of the month.*
- *For example your notice is effective for July 1, 2013 – July 31, 2013.*

Owner/Property Manager: _____

Owner/Property Manager Phone Number: _____

-By signing below I am acknowledging the above referenced tenant has given me a proper notice to vacate. I also acknowledge that this tenant does not owe me any rent money.

-We understand that this agreement does not relieve the tenant of any responsibilities to pay rent or for tenant caused damages to the above referenced unit that may exist at the time of move out.

-We understand that any extension or the termination of this notice must be in writing, signed by both parties, and a copy forwarded to the Housing Authority prior to the effective vacate date.

-We understand that the tenant is responsible for the FULL CONTRACT RENT if the tenant remains in the unit after the effective vacate date.

-We understand that the owner must return any overpaid HAP received from the Housing Authority. If monies are not returned, the Housing Authority will deduct the overpayment from any active contract it has with the owner, or proceed with the collection process.

_____ _____

Signature of Head of Household **Date** **Signature of Owner/Property Manager** **Date**

Please be advised that payments for the unit will be placed on hold upon receiving this notice.