

Lucas Metropolitan Housing Authority

211 S. Byrne Road Toledo, OH 43615 419-259-9448

9-9448 Fax 419-259-9495

TRS: Dial 711 www.lucasmha.org

INTENT TO VACATE NOTICE TO LANDLORD AND NOTICE OF GOOD STANDING TO LMH

Dear Property Owner:		
I am submitting this notice to in	nform you that I plan to vacate	e the premises located at:
Address	City	v, State, Zip Code
relocate can be determined. rehouse, I must have you com vacate and is being used as a vacating, I will provide you wit	Since being a tenant in good plete the lower portion of this a factor in the eligibility process handle of Lease Termination	Program office so that my eligibility to standing is one requirement to be eligible to form. This notice only serves as my intent to sof moving with continued assistance. Prior to on in accordance with my lease requirements ram that will include my vacate date.
Tenant Name (Printed)		
Phone		ail Address
Tenant Signature		re
Participant must indicate o	urrent household member	s on page 2.
THE CURR	ENT LANDLORD MUST COMPLETE	THIS PORTION BELOW
Dear LMH,		
	who lives at	
Tenant Name	Tenant's Current Address	
currently has a lease that expi	res on and	\square continues month to month \square self-renews
The tenant is is not a	current with their portion of ren	t and utilities.
Landlord Sianature	 Phone Number	 Date

If you need this document in a different language or **LARGER FONT** or it you need a reasonable accommodation (persons with disabilities), please call 419.259.9448 or TRS: Dial 711. Advance notice of seven days is required in order to arrange for interpreter services.

Participant must list current household members and relationship below:

Name of Household Member		Relation to Head of Household		
		Self		
	FOR OFFICE USE ON	ILY		
Electiv	e Move Mandatory Move			
The following	eligibility items have been reviewed:			
	ITV notice has been completed and signed by le	andlard/alternative decuments provided		
	Lease Term			
	Repayment Agreement if applicable Rent and Utility (water/sewer) are current			
	Potential Program Violations			
	Reasonable Accommodation Status/Update Eligible Voucher Size			
	Ligible Vocaliti dize			
Partici	oant has been determined <u>Eligible</u> to relocate, a	nd should be issued		
	_ bedroom voucher	114 3116014 BC 1330C4		
Participant has been determined <u>Ineligible</u> to relocate. Notification has been sent to participant.				
_				
Recertification	n Housing Specialist Signature Date			