



501 W. Sanford St. Ste 20, Arlington, Texas 76011  
 Phone: 817-275-3351  
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# **INTENT TO MOVE/PORT OUT NOTICE**

**Circle One: Move or Port to** \_\_\_\_\_  
 (Housing Authority Name)

**Participant's Name:** \_\_\_\_\_  
**Current Address:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_

**Please consider this my written 60-day notice to terminate my tenancy on:** \_\_\_\_\_  
 (must be last day of the month)

**Participant to initial the following:**

- \_\_\_\_\_ I understand that I must provide a copy of my current lease with this form to the Arlington Housing Authority at least 60 days prior to the lease expiration date.
- \_\_\_\_\_ I understand that I must give my landlord proper notice and that it is REQUIRED I obtain the landlord's signature of approval before I am eligible to move.
- \_\_\_\_\_ I understand that if there are any damage claims or money owed to landlord, I am fully responsible for resolving all financial matters before I am to move to a new unit.
- \_\_\_\_\_ I understand that this notice does not prevent the landlord from pursuing legitimate damage claims once I have vacated the unit.
- \_\_\_\_\_ I understand that AHA will terminate current contract and if I decide NOT to move/port, I must complete the Cancel Request form, and have it signed by the current landlord.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Landlord to initial the following:**

- \_\_\_\_\_ I understand that AHA will terminate current contract on date listed above.
- \_\_\_\_\_ I understand that if my participant is not current on rent/utilities or there is damage to the unit beyond normal wear and tear, then I must attach a ledger/statement with the amount owed.

**Landlord Approval to Move: YES or NO**

**Landlord Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Landlord Phone Number:** \_\_\_\_\_

**Office Use Only**

Case Number: \_\_\_\_\_ Housing Specialist: \_\_\_\_\_

PHA Approved for Move? YES or NO