

## NOTICE TO VACATE

Lease Holder Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ (PCS, Relocation, EAS, Retirement, etc.) PCS Destination: \_\_\_\_\_

Are you interested in earning money with Hunt's Resident Loyalty Program?  YES,  No, Thank you

Orders Received:  YES or  NO Date Received: \_\_\_\_\_

Received by (OFFICE USE): \_\_\_\_\_

Move-Out Date: \_\_\_\_\_ Date Submitted (OFFICE USE): \_\_\_\_\_

### Move-Out Terms & Conditions

\_\_\_\_\_ A Final Inspection appointment will be conducted once the home is vacated. The community representative will submit a final inspection form and a cost estimate of damages to the resident at the time of the move-out inspection. Additional damages may be assessed after move-out in accordance with the Lease Agreement. Residents will be required to pay for damages directly to the Community at the time of move-out. All damages must be paid for with certified funds, mac allotment, or credit or debit card on the date of move out.

\_\_\_\_\_ I have received a copy of the move out procedures and cost estimate list. I understand the condition the home must be in when possession is returned to Management.

\_\_\_\_\_ Resident acknowledges that the move-out date is a definite date. A request for a cancellation or extension of this Notice to Vacate must be made in writing for consideration. If the home is leased to another resident, it may not be possible to move the final inspection appointment. If it is approved to move the final inspection appointment, it will be scheduled on the next available appointment which may be one or more business days beyond the original appointment. **If the home is not vacated on the move-out date specified above, the Resident is liable for damages, cleaning and rent up to and including the actual move-out date in addition to a one-time missed appointment fee of \$50.** This notice does not release the Resident of any liability under the Lease Agreement.

\_\_\_\_\_ I understand if I choose to have my allotment stopped prior to vacating my home, I must pay any outstanding monies via certified funds to include damages owed by the first (1) of the month I plan to vacate.

\_\_\_\_\_ I am required to give written notice to vacate per the terms in my Lease Agreement. If not described in the termination section of the lease agreement as a reason for early termination, I am subject to any rents and/or fees associated as described in the Lease Agreement. I will provide documentation to support my reason for early termination.

\_\_\_\_\_ I understand that if I am retiring or separating from the military the same month I am vacating; my allotment will not be taken. Therefore, I will be required to pay manually for my last month's rent with certified funds one month in advance.

\_\_\_\_\_ A rent refund, if applicable, will be returned by check, mailed to the forwarding address shown above and following all state and local laws. The check will be addressed to the Resident named on the Resident Lease Agreement.

\_\_\_\_\_ I waive my rights under the Privacy Act and authorize any government agency or agent to release my home forwarding address, email and phone for the purpose of collecting an unpaid debt or damages to a dwelling caused by me, a member of my family or guest while I was a resident.

\_\_\_\_\_ I grant authorization to share my contact information with other PPV partners for the purposes of assistance in housing relocation.

\_\_\_\_\_ I understand that if I have not provided the required written 30 day Active Duty and/or 60 day Civilian notice period. I will be held financially rent responsible until the end of the required 30 and/or 60-day notice period or until the home is occupied, whichever comes first.

\_\_\_\_\_ I understand that I am breaking my lease agreement, and I owe the lease break fee listed at the bottom of this form.

\_\_\_\_\_ I understand and have read the transfer policy and agree to the maintenance recovery fee.

I (we) have read the above move-out terms and understand and agree to the terms, in addition to the lease agreement.

Pre-Inspection Date: \_\_\_\_\_ Final Inspection Date: \_\_\_\_\_

Rent Responsible Date: \_\_\_\_\_ Early Termination Fee: \_\_\_\_\_

Maintenance Recovery Fee: \_\_\_\_\_ Move and Go Fee: \_\_\_\_\_

Prorate/Other: \_\_\_\_\_ Estimated Utility Payment: \_\_\_\_\_

TOTAL ESTIMATE: \_\_\_\_\_

The above charges are not inclusive of any of potential damage fees or other fees that may be incurred between the notice to vacate submission and the actual move-out date.

Resident Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



- \$100 credit to the resident ledger at the new duty station
- Or \$200 credit off of the first month's rent at your new duty station if you sign your lease in advance\*

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_