



HOUSING DEPARTMENT
Town of Chapel Hill
317 Caldwell St.
Chapel Hill, NC 27516-2048

phone (919) 968-2850 fax (919) 932-2935
www.townofchapelhill.org

NOTICE TO VACATE

I _____ submit this notice of my intention to vacate
(Head of Household's Name)
_____ by _____
(Public Housing Address) (Date of Move-Out)

All move-outs and inspections will occur on Tuesdays and Thursdays.

The reason I am moving is: _____

The Lease Agreement requires and states the following:

- Before taking possession of the unit, you agree to pay the Town of Chapel Hill the greater of the sum of one-month's rent payment or \$100. The deposit may not be used to pay rent or other charges while you are occupying the unit. If you vacate or abandon the unit, or if this Lease is terminated by the Town, the security deposit may be used to pay rent, damages or other charges. If you abandon the unit, fail to give proper notice or vacate the unit without notifying the Town within 15 calendar days of leaving, the security deposit will not be refunded. The security deposit will be returned to you provided:
 - 1.) All rent and other charges are paid.
 - 2.) The unit and its equipment are left clean.
 - 3.) There is no damage to the unit or its equipment beyond normal wear and use.
 - 4.) The keys to the unit and the mailbox are returned to the Town of Chapel Hill Public Housing office.

The Lease Agreement states the following:

- Move-Out Inspection: When you vacate the unit, the Town shall inspect the unit and furnish you with a written statement of charges that you are responsible for within 30 working days. You and/or your representative must participate in the inspection unless you move-out without notice to the Town. If you move out without notice to the Town, the Town shall mail a notice of inspection and final charges to you at your last known address. Any right to a grievance hearing about final charges shall be waived if you move without notice.

Forwarding Address: _____, _____, _____, _____
(Street Address) (City) (State) (Zip Code)
(_____) _____ (_____) _____ (_____) _____
Cell Phone Number Home Phone Number Work Phone Number
Email Address: _____

Tenant Signature Date

OFFICE ONLY

Staff Witness Signature Date