



DALLAS COUNTY
HEALTH AND HUMAN SERVICES
HOUSING DIVISION

PHILIP HUANG, MD, MPH
 DIRECTOR



RETURN ON MONDAY OR WEDNESDAY
BETWEEN 8:30 AM and 11:45 AM

NOTICE OF INTENT TO MOVE

TO: _____
FROM: _____
ADDRESS: _____
TODAY'S DATE: _____

For Dallas County Housing Agency Use Only:
Certification Receipt Date: _____
Staff Initial: _____

It is my intention to move from the above stated address on _____ (date).

Dear Landlord/ Housing Agency:

I understand that at least thirty (30) or sixty (60) days written notice (please select one) is required before I am eligible to move in accordance with the lease. I will be responsible for the rent shall I move out prior or after the above date. I understand that I am liable for any damages that I created during my occupancy at the above address.

 Signature of Tenant

 Date Signed

ATTENTION:
 The Housing Agency has duly noted the aforementioned date for the client's intent to move. Please note the Housing Agency is not responsible for making payment after the stated move out date indicated above. If the client remains in the unit past their scheduled move out date, the client is fully responsible for any and all charges regarding rent or damages resulting from the extended occupancy. Landlord will be required to payback Housing Agency for any overpaid HAP.

The landlord is responsible for enforcing all lease related obligations including initiating claims against the client for vacancy loss, tenant damages, unpaid rent or utilities. Please provide court judgment made against the client, if applicable.

Please refer to Part B.7.e., of the Housing Assistance Payment (HAP) Contract, form HUD-52641 – Limit of PHA Responsibility. The Housing Agency is only allowed to make housing assistance payments in the form of rents and is precluded from paying any other claims by the owner, including court judgments, or adjusting such claims with the HAP.

 Landlord/Agent

 Date Signed

By signing above, I unconditionally accept my tenant's (referred to as "Client") Notice of Intent to Move. I have read, understand and accept all requirements noted in this document.