



28-Day Notice to Vacate

Resident Name: _____
 Current Address: _____
 Home Phone: _____ Work Phone: _____
 Cell Phone: _____ Emergency Phone: _____
 Email: _____
 Forwarding Address: _____
 Reason for Moving: _____ PCS Destination: _____

Move-out Terms

- Resident must attend a move out session or participate in a move out orientation which outlines the move out process and expectations.
- A Final Inspection appointment will be conducted once the home is vacated. Any damage, cleaning charges or other fees will be assessed and are due in full at that time. In the event that I would have any additional monies owed at the time of move out, I authorize Soaring Heights to deduct any monies owed from my final reimbursement check (to include final utility charges, damage/violation charges, cleaning charges, etc. if applicable). _____
- Whenever possible, military transportation should be arranged before official notice to vacate submissions. Coordination with the Community schedule may be necessary.
- 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.** This notice does not release the Resident of any liability under the present Resident Occupancy Agreement. _____
- A rent refund, if applicable, will be returned by check, mailed to the forwarding address shown above in the first week of month following the move-out. The check will be addressed to the Service Member named on the Resident Occupancy Agreement.
- I waive my rights under the Privacy Act and authorize any government agency or agent to release my home forwarding address 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 the destination housing management. _____

I (we) have read the above move-out terms and understand and agree to the terms.

Resident Signature: _____ Date: _____

Resident Signature: _____ Date: _____

If buying or renting off post/base, please give location: _____

Note: If you are moving due to retirement or ETS and your separation date occurs in the same month as your proposed move out date, the final month's rental payment will NOT be received by the Community via the standard allotment process. Under these circumstances, we will require FULL payment of the final month rent, any delinquent balance and/or charges assessed prior to the proposed move-out date.

Office Use Only

Notice Received by: _____ Date: _____
 Move Out Session/Orientation: _____ Date/Time: _____ Attended: _____
 Final Inspection Date: _____ Time: _____
 Distribution: 1. File 2. Resident Carpet Life: _____ Entered Into: Yardi: _____ Outlook: _____

