

30 Day Notice to Vacate

Tenant Name: _____

Current Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Emergency Phone: _____

Email: _____

Forwarding Address: _____

Reason for Moving: _____ PCS Destination: _____

Move-out Terms

- A Final Inspection appointment will be conducted once household goods are gone. 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 North Haven Communities 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. A limited number of move out appointments are available each day. Please schedule early.
- Tenant 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 tenant, 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 Tenant is liable for damages, cleaning and rent up to and including the actual move-out date.** This notice does not release the Tenant of any liability under the present Tenant 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 Tenant 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 understand if I fail to fulfill my 30-day notice I will be charged for the remaining days of a 30-day notice per my lease agreement. _____

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

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 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.

Please visit our website for a Move Out Guide at www.nhcalaska.com

Office Use Only

Notice Received by: _____

Date: _____

Reviewed move out guide: (Initials) _____

Date/Time: _____

Final Inspection Date: _____

Time: _____

Distribution: 1. File 2. Resident

Entered Into: Yardi: _____ Outlook: _____

Office Use Only (use this box for a rescheduled appointment)

Rescheduled by: _____

Date: _____

New Final Inspection Date: _____

Time: _____

Distribution: 1. File 2. Resident

Entered Into: Yardi: _____ Outlook: _____

Tenant Signature: _____ Date: _____