



Jefferson Metropolitan Housing Authority
 815 N. 6th Ave. Steubenville, OH 43952 (740) 282-0994

NOTICE OF INTENT TO VACATE

DATE OF NOTICE: _____ PROJECT NUMBER: _____
 NAME: _____ ACCOUNT NUMBER: _____
 ADDRESS: _____ SOC SECURITY NUMBER(S): _____
 # BEDROOMS: _____

I hereby serve notice of my intent to vacate the above dwelling on the _____ day of _____, _____
 My reason for moving is: _____
 (If more space is needed, use back of form.)
 I intend to move to: _____

I understand that the Housing Authority may inquire about and report on the rental history of applicants or tenants and may exchange information with other landlords or any reporting agency that may exist for that purpose. Such information may include rent payment history, housekeeping practices, damage to property, general behavior, or other pertinent information. By signing below, I acknowledge the above statement.
 X _____ Date: _____
 (Resident signature)

REQUEST FOR REFUND OF SECURITY DEPOSIT & UNEARNED RENT

MOVE-IN DATE: _____ DATE VACATED: _____ MOVE-OUT DATE: _____
 SECURITY DEPOSIT PAID: \$ _____ DATE RENT IS TO BE CHARGED: _____
 RENT WAS PAID ON: _____ FOR PERIOD FROM: _____ TO _____
 MONTHLY AMOUNT FOR: RENT _____ CABLE _____ OTHER (Specify) _____
 RENT REFUND FOR _____ DAYS @ _____ PER DAY = \$ _____ RENT REFUND
 CABLE REFUND FOR _____ DAYS @ _____ PER DAY = \$ _____ CABLE REFUND
 _____ REFUND FOR _____ DAYS @ _____ PER DAY = \$ _____ REFUND
 (Other refund specify)
 \$ _____ SECURITY DEPOSIT

SUB-TOTAL REFUND DUE: = \$

LESS ITEMS CHARGED TO TENANT: (Attach separate sheet if more space is needed)

 \$ _____

 \$ _____

 \$ _____

 \$ _____

 \$ _____

 \$ _____

If you do not agree with this determination, you have the right to request a hearing within ten (10) calendar days under the Jefferson Metropolitan Housing Authority Grievance Procedure. A form to do this may be obtained from the management office.

LESS TOTAL CHARGES: = \$

MAIL TO: _____ * TOTAL OWING: \$ _____
 _____ OR
 _____ * TOTAL REFUND DUE: \$ _____
 _____ ADJ SLIP #: _____
 _____ DATE PAID _____ CHECK # _____

I CERTIFY THAT THE UNIT LISTED ABOVE WAS INSPECTED BY ME OR BY MY DULY AUTHORIZED REPRESENTATIVE AND THAT THE ITEMS SHOWN ARE PROPERLY CHARGEABLE TO THE TENANT. I ALSO CERTIFY THAT THE AMOUNT OR REFUND IS CORRECT.

 SIGNED TITLE DATE