



30-Day Moving Notice

Updated 3/11/25

THIS SECTION TO BE COMPLETED BY THE TENANT

Dear: _____,
(Owner/Manager Name)

I, _____ do hereby give a 30-day written notice to vacate the premises located at: _____. My expected move out date will be: _____.

If the dates changes for any reason, I will contact you and my housing specialist at the Housing Authority.

_____ I am requesting off the Voucher program as of the move-out date listed above.

_____ I am requesting to remain on the Voucher program and plan to move to a new unit in Provo City.

_____ I am requesting to remain on the Voucher program and plan to port/transfer my voucher to:

Housing Authority Name: _____

Housing Authority Address: _____

Housing Authority Email: _____

Forwarding Address / My New Address will be:

Address: _____

City, State, Zip _____

I understand to be eligible for a moving voucher, I must complete this form, provide current income verifications, and complete a Voucher Certification Packet. All completed forms must be provided to the Provo Housing Office BEFORE I move out of my current unit.

Tenant Signature

Date

Phone

Email

THIS SECTION TO BE COMPLETED BY THE PROPERTY MANAGER / LANDLORD

Property Manager/Landlord:

The Housing Authority requests that a **30-day moving notice** be given and signed by both the landlord and tenant. This form serves as confirmation that all parties have been properly notified of the move.

This form also acknowledges that the tenant is currently in good standing with your lease agreement and/or all lease violations have been resolved.

Please note: If the family moves out of the contract unit, the HAP contract terminates automatically.

Landlord Signature

Date

Phone

Email



Provo City Housing Authority does not discriminate based on race, color, creed, national origin, religion, disability, sex, sexual orientation, gender identity, age (over 40), military status, whistleblower retaliation, or familial status in admission or access to its programs. Equal Opportunity Employer. If you need to request a reasonable accommodation, contact the PCHA at 801-900-5676 TTY: 711 Fax (801) 373-6560

