



Scottsdale Housing Agency

Paiute Neighborhood Center  
6535 E. Osborn Rd., Bldg. 8  
Scottsdale, AZ 85251-6029

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FAX 480-312-7761  
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WEB [www.scottsdaleaz.gov/assistance/housing/voucher](http://www.scottsdaleaz.gov/assistance/housing/voucher)

## NOTICE TO VACATE

To be completed and signed by the Head of Household and Management/Owner. Please review your lease prior to signing this form to determine if the lease requires a 30, 60 or 90-day notice.

I/We hereby give notice that I/we will vacate the dwelling unit located at:

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

VACATE DATE: \_\_\_\_\_ which is \_\_\_\_\_ days from the date of the notice.

I/We will return the unit in a clean, safe, sanitary and undamaged condition. I/We will comply with the landlord's requirements for move out, cleaning and inspections.

I/We understand that it is our responsibility to arrange for a final walk through or move out inspection with the management. If I/We cannot be available for such inspection, it is our responsibility to arrange for a representative to perform the inspection.

I/We agree that a reasonable charge will be made against our deposits to repair damage to the apartment/home furnishings and equipment, not attributable to normal wear and tear, or to clean the unit if it is not returned in the condition specified above.

I/We agree that Management may show the unit at reasonable times for releasing of the unit and that the unit will be available the day after the move-out date and that my failure to depart by this date may subject me to a per diem rent and special charges as provided by law.

I/We understand that personal property left behind may be disposed of by Management as it sees fit immediately upon my leaving.

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Name

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner/Agent Name

\_\_\_\_\_  
Owner/Agent Signature

\_\_\_\_\_  
Date

