



1000 Carthage Street
P.O. Box 636
Sanford, NC 27331
919-776-7655
www.sha-nc.org

HOUSING CHOICE VOUCHER PROGRAM
30 DAY NOTICE TO VACATE

I hereby give my thirty (30) day notice to vacate the residence located at

_____, by midnight on _____.
(address) (date)

Please be advised that if the tenant and landlord do not provide written documentation extending or voiding the notice no later than the 25th of the month, assistance will not be paid on behalf of the client.

Tenant must be in good standing with the landlord, or the vacate notice will be denied.

Participant Name

Participant Signature

Date