



## Housing Authority of the City of Decatur, Georgia

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750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030  
404-270-2100 ▪ Fax 404-270-2122  
TTD/TTY 1-800-545-1833 Ext 852  
www.decaturhousing.org

### SIXTY (60) DAY NOTICE TO VACATE

I, \_\_\_\_\_, hereby give a sixty (60) day notice to vacate the residence located at:

\_\_\_\_\_  
\_\_\_\_\_

I will return all keys to the landlord and all of my personal belongings and furniture will be out of the unit on:

\_\_\_\_\_ (Move-Out Date)

My reason(s) for vacating this unit is/are:

\_\_\_\_\_  
\_\_\_\_\_

#### PLEASE NOTE:

1. THE NOTICE TO VACATE WILL BE EFFECTIVE ON THE LAST DAY OF THE MONTH, SIXTY (60) DAYS AFTER THE DATE YOU SUBMIT THIS NOTICE. (EXAMPLE: IF YOUR VACATE NOTICE IS SUBMITTED ON 5/4/17, YOUR SIXTY DAY NOTICE WILL BE EFFECTIVE 7/31/2017.
2. IF YOU OWE MONEY TO DECATUR HOUSING AUTHORITY OR ANY OTHER HOUSING AUTHORITY, YOU WILL NOT BE PERMITTED TO PORT TO ANOTHER HOUSING AUTHORITY JURISDICTION.
3. IT IS YOUR RESPONSIBILITY TO CONDUCT A MOVE-OUT INSPECTION WITH YOUR LANDLORD AND PAY ALL TENANT RENT OWED THROUGH THE MOVE OUT DATE.

IF YOU MOVE BEFORE THE MONTH INDICATED, YOU WILL BE RESPONSIBLE FOR PAYING THE FULL CONTRACT RENT TO YOUR CURRENT LANDLORD FOR THAT MONTH.

TENANT NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

Email Address: \_\_\_\_\_

LANDLORD NAME: \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
(Signature) Date: \_\_\_\_\_

Email Address: \_\_\_\_\_