

## Program/Lease Voluntary Termination Letter

Date: \_\_\_\_\_

To: Housing Provider: \_\_\_\_\_

Staff Person Name: \_\_\_\_\_

RE: **Residency**

Please be advised that this letter is to serve as a thirty (30) day notice that I intend to move out of the unit located at:

\_\_\_\_\_.

To the best of my ability, I will leave the unit in the condition in which I found it.

Please be advised that it is my intention to stay in the unit located at:

\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

cc: Case Manager  
Landlord