LORAIN METROPOLITAN HOUSING AUTHORITY

1600 Kansas Ave Lorain Ohio 44052

(440) 288-1600 TDD/TTY (800) 750-0750 WWW.LMHA.ORG

EQUAL HOUSING OPPORTUNITY

30-DAY NOTICE TO MOVE

I,, currently residing at
am hereby
giving my landlord and the Lorain Metropolitan Housing Authority this 30-day notice to move.
I intend to vacate the above address as of (The vacate date must be the
last day of the month in which you intend to move.) I understand that my portion of the rent
along with any tenant provided utilities must be current and that if this is not the case, I may not
be permitted to move. If my landlord provides me and the Lorain Metropolitan Housing Authority
(LMHA) with documentation of excessive damages or unpaid rent and/or utilities within 14
business days from the date of my voucher issuance, my voucher may be revoked. $\underline{\mathbf{I}}$
understand that it is my responsibility to submit this 30-day notice to my landlord
as well as a copy to the LMHA and that the LMHA will automatically stop the
Housing Assistance Payment (HAP) to my current landlord as of my intended
move out date above. I further understand that if I do not vacate my current unit by the
above date and if it is still my intention to move, I am required to submit another 30-day
notice to both my landlord and the Lorain Metropolitan Housing Authority.
TENANT'S SIGNATURE
PHONE NUMBER
DATE