

27 Robinwood Dr. SW Fort Walton Beach, FL 32548 fwbha@fwbha.org



## Fort Walton Beach Housing Authority One Family at a Time

## **MOVE-OUT CERTIFICATION**

TENANT NAME:	 	
LANDLORD NAME:	 	
UNIT ADDRESS:		

## LANDLORD:

I certify I have received a 30 day written notice (attached) from the tenant to vacate my unit located at the above address. The tenant is current on all rent payments owed to me and presently does not owe any money. I have performed a **preliminary** move-out inspection of the property, and if any damages are present, I have attached a copy of the damage statement. I understand I must notify the housing authority, in writing, within 10 days of the tenant vacating the unit, if the tenant leaves a balance due. The tenant understands there is a possibility of Housing Choice Voucher Program Assistance termination if there are move-out damages not considered ordinary wear and tear, or if they leave owing a balance due.

ANDLORD SIGNATURE:
DATE:
TENANT SIGNATURE:
DATE:

\*THIS FORM MUST BE SIGNED BY BOTH PARTIES AND RETURNED WITH A COPY OF THE 30-DAY NOTICE TO VACATE BEFORE A VOUCHER TO MOVE MAY BE ISSUED