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27 Robinwood Dr. SW
Fort Walton Beach, FL 32548
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FWBHA.com

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.

LANDLORD 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*