



TENANT NOTICE TO TERMINATE LEASE

I, _____ (print your name), do hereby give my notice to the Housing Choice Voucher Program that I am **TERMINATING MY LEASE** effective _____.

I understand that this Notice must be received by CMHA at least **31** but not more than **60** days before the effective termination date listed above.

I understand that the effective termination date must be the last day of the month.

I understand that if I live in this unit after the above effective termination date, the rental arrangements will be solely between the landlord and me unless an extension is approved in advance by CMHA.

I understand that all debts to CMHA must be cleared before this termination notice will be honored and that all required verifications must be given to my HCV Housing Specialist before rental portions can be determined.

I understand that this action cannot be reversed without the landlord's written consent.

I understand that CMHA encourages, but does not require, me to obtain my landlord's signature on this Notice and to maintain contact with my landlord regarding the status of my tenancy until it has ended.

Tenant's Signature

Date Signed

Tenant's Address

Please mark only if this item applies to you.

___ I am terminating the lease because I no longer wish to remain on the Housing Choice Voucher program.

CMHA will make no payments to the landlord after the effective termination date. However, if you live in this unit after the effective termination date, you and your current Landlord may request in writing a cancellation or extension of the termination effective date.

Landlord Acknowledgement

My signature confirms that I have received this notice on the following date:

Landlord Name

Phone #

Landlord Address

Landlord Signature

Date Signed

<p>FOR OFFICE USE ONLY Date notice received in office: _____ Note: If not signed by Landlord – Date copy of Notice sent to Landlord _____</p>
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