



**Tacoma  
Housing  
Authority**

**Intent to Move**

**THA Form (#REM-TNFR-01)**

- I understand that the relocation process may take 45-60 days and my move out date below is at least 45 days away.
- I understand that if my move out date is less than 45 days and I move to a new unit I may be responsible for paying my 1<sup>st</sup> months' rent.
- I understand that my new unit must be inspected and pass the Housing Quality Standards inspection before THA will pay any assistance.
- I understand that I may not be eligible to relocate if I have been evicted for serious or repeated lease violations, or if I owe any money for damages, utilities or rent and/or my participation is terminated in the Section 8 Housing Choice Voucher Program. I also understand that this form must be signed and returned to the THA office as soon as possible.

**TENANT:**

**THIS IS MY NOTICE TO MOVE AND TERMINATE MY TENANCY ON:**

This is my notice to move and terminate tenancy on the last day of \_\_\_\_\_, 20\_\_\_\_  
(Month) (Year)

from my unit located at \_\_\_\_\_  
(Current Address)

<b>Print Name</b>	<b>Phone Number</b>	<b>E-Mail (Optional)</b>

<b>Tenant Signature</b>	<b>Date</b>

**OWNER/AGENT:**

Does the tenant owe any back rent?    Yes    No                    If Yes, how much? \_\_\_\_\_

Will the tenant owe for damages beyond their deposit, over normal wear and tear?    Yes    No  
If yes, please indicate the approximate amount. \$ \_\_\_\_\_

I acknowledge this intent to move and agree with the date listed above.

<b>Print Name</b>	<b>Phone Number</b>	<b>E-Mail (Optional)</b>

<b>Owner/Agent Signature</b>	<b>Date</b>

**BY SIGNING THE ABOVE FORM, THE OWNER/AGENT & FAMILY UNDERSTAND THAT THE HOUSING AUTHORITY WILL STOP PAYMENT TO THE OWNER/AGENT ON THE AGREED UPON DATE ABOVE. IF THE FAMILY CONTINUES TO RESIDE IN THE UNIT AFTER THE AGREED UPON TERMINATION DATE, THEY WILL BE FULLY RESPONSIBLE FOR THE ENTIRE CONTRACT RENT (UNLESS BOTH PARTIES MUTUALLY AGREE, IN WRITING, TO EXTEND).**

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