

# PROPER NOTICE TO VACATE

We strongly suggest that you give a 60 day notice to accommodate your search time and the briefing/inspection processes.

(A minimum of at least 30 days or the minimum required under your lease agreement is required from the 1<sup>st</sup> of the month prior to the month of move for any action to be taken on your unit transfer. Please note that this will not be guaranteed to be a seamless move, you may have to pay some monies out of pocket for the unit that you transfer to until an inspection can be completed and passed.)

We, the undersigned *Tenant*, and *Landlord/Owner*, hereby acknowledge that acceptance of proper notice to move from the property address located at \_\_\_\_\_, 5D 57 \_\_\_\_\_.

The unit shall be vacated on the last day of \_\_\_\_\_ 20\_\_\_\_\_. I, \_\_\_\_\_ (Landlord/Owner), certify that \_\_\_\_\_ (tenant) owes \$ \_\_\_\_\_ and a payment agreement is in place, or the tenant has paid in-full.

***\*The Owner/Landlord understands that if I (tenant) live in this unit after the above effective termination dates the rental arrangements will be solely between the landlord and me unless an extension is approved in advance by Sioux Falls Housing & Redevelopment Commission (SFHRC). I understand that this action cannot be reversed without the landlord/Owners written consent. All housing assistance payments will cease for the above referenced property on the last day of the move out month.***

\_\_\_\_\_  
Print Head of Household/Tenant Name

\_\_\_\_\_  
Print Landlord/Owner Name

\_\_\_\_\_  
Sign Head of Household/Tenant Name

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord/Owner Phone #

**Both Tenant and Landlord/Owner signature and date are required.**



\_\_\_\_\_ (tenant) plan to reside in the City Limits of Sioux Falls or Minnehaha County

**OR**

\_\_\_\_\_ (tenant) plan to "port" out my voucher to:

\_\_\_\_\_  
City

\_\_\_\_\_  
County

\_\_\_\_\_  
State

The **NEW Housing Authority's telephone** contact # is \_\_\_\_\_

**• You must provide the completed copy to your Housing Specialist at SFHRC.**

SIOUX FALLS HOUSING AND REDEVELOPMENT COMMISSION  
630 S Minnesota Ave Sioux Falls, SD 57104-4825  
Phone (605) 332-0704 \* Fax (605) 339-9305 \* TTY 711  
E-mail [sfhrc@siouxfallshousing.org](mailto:sfhrc@siouxfallshousing.org)