



# NOTICE TO VACATE

## 30-DAY NOTICE OF INTENT TO VACATE

**THMS** is located at **The Topeka Housing Authority**

2010 SE California Ave. ■ Topeka, KS 66607

■ Main (785) 357-2647 ■ Fax (785) 357-2648

Resident Name: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Present Address: \_\_\_\_\_

30-days written notice is given to vacate THMS unit on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Reason for moving: \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

(any deposits/refunds due will be sent to this address)

\_\_\_\_\_

Please answer the following questions: (optional)	Excellent	Good	Needs Improvement
How were you treated by THMS Staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall, how satisfied were you with the services provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How satisfied were you with the community you lived in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List any concerns you have: _____			
How can we improve? _____			
Is there anyone you would like to refer to us? _____			

### Move-Out Procedures

1. If you do not move out by the date listed above, this 30-day Notice of Intent to Vacate is null and void and you will need to complete a new 30-day Notice of Intent to Vacate.
2. **All keys must be returned to THA reception desk on or before the vacating date.** If they are not returned, you will be charged for a lock change. Leaving the keys in the unit, with a neighbor, or with maintenance personnel is not acceptable.
3. Please make sure the dwelling unit and all contents and appliances are left clean and in good condition. Thoroughly clean the entire unit, wash walls, trim and all painted surfaces, clean and mop all floors, clean vents, wash and clean bathroom fixtures, sinks, range and refrigerator (in/out), bathroom and kitchen cabinets (in/out). Storm windows and screens must be in place or in front of the window where it belongs inside the unit.
4. Rent must be paid in full to the end of the vacating month. Any unearned rent will be applied to your security deposit settlement account.
5. If you wish to be present at your move out inspection, please call (785) 357-2647.

Resident's Signature \_\_\_\_\_

Date \_\_\_\_\_

FOR OFFICE USE ONLY			
Vacancy Check Done On _____	Occupied _____	Not Occupied _____	Initials _____