Reading Housing Authority

MOVE-OUT NOTICE

To be completed by RHA:

☐ Voluntary, in good standing, with notice
☐ Voluntary, without notice
☐ Involuntary, with lock-out
☐ Death
☐ Voluntary, termination letter, with notice
☐ Involuntary, self-directed, with court action
☐ Reason Unknown/Declined to Answer

HOH Name: DOB:

Development: Address:

Date of notice: Phone:

Below questions completed by: ☐ Resident ☐ Staff member:

To be completed by Resident, if possible:

Date on which keys will be returned:

Do you want to be present for the move-out inspection?

My forwarding address is:

Reason for moving:

☐ I am moving for a reason that is related my or my family's independence or self-sufficiency (moving to be closer to school or a new job, because I'm buying a house, because I'm going to rent a non-subsidized house or apartment that I like better, or because I would like to live near or with a family or friend).

☐ I don't like Reading Housing Authority because:

☐ I am moving out of the City of Reading, and I don't like Reading because:

☐ I have health problems & can't live alone, & need to move into a facility where others can care for me.

☐ I have health problems and can't live alone, and need or want to live with family or friends.

☐ I have to move to take care of a family member or a friend.

Resident Signature: Date:

Staff Signature: Date: