



Housing Choice Voucher Program 419 Cherry St Lansing, MI 48933 (517) 487-6550 Fax (517) 487-6977

**30-DAY NOTICE TO VACATE**

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ HOME/WORK/MSG

REASON FOR MOVE REQUEST?  
  
\_\_\_\_\_

PROPOSED MOVE-OUT DATE: (30 DAYS FROM TODAY'S DATE)  
  
\_\_\_\_\_

I CERTIFY THAT MY RENTAL PAYMENT IS CURRENT.

\_\_\_\_\_  
SIGNATURE DATE

cc: Landlord

**\* COMPLETION OF THIS FORM DOES NOT AUTHORIZE YOU TO MOVE OR  
GUARANTEE YOU ARE ELIGIBLE TO MOVE AT THIS TIME.**