



Notice to Vacate

Today's Date: _____
Move Out Date: _____ (any changes to date required in writing)
Leaseholder Name: _____
Current Street Address: _____
Civilian Email Address: _____
Forwarding Address: _____
Street Address City State Zip
Forwarding Telephone: (____) _____

REASON FOR VACATING HOME

- ___ PCS (copy of orders required)
___ Retirement (copy of orders required)
___ ETS/Separation - Voluntary (copy of orders required)
___ ETS/Separation - Involuntary (copy of orders required)
___ Bought Home
___ Renting Home Off Post
___ Renting Apartment Off Post
___ Command Directive (supporting documentation required)
___ Change in Marital / Dependent Status
___ Loss of BAH
___ Need / Want More Space
___ Personal Reasons / Concerns
___ Deployment
___ Other - Reason: _____

UNACCOMPANIED PERSONNEL ONLY: By initialing below, I acknowledge that the above roommate will be vacating. The Villages recommends that all roommates be present at inspections.

Roommate 1 Initials: _____ Roommate 2 Initials: _____ Roommate 3 Initials: _____ Roommate 4 Initials: _____

INITIAL - ACKNOWLEDGEMENT: In accordance with my signed Resident Occupancy Agreement (ROA), I acknowledge that I am required to provide notice that I will be vacating my home 30-days in advance of my move out date. I understand that if my notice is given for less than 30 days in advance, I will be held financially responsible for the full 30-day notice period starting from the date this completed Notice to Vacate form was provided to my Community Management Office unless I am able to provide documentation supporting that a full 30-day notice could not be provided. I understand that should I change my move-out date for any reason, that I am still financially liable for the full 30 day notice. I further understand that I may be charged for any damages found in the home as provided in my ROA and in the Resident Responsibility Guide (RRG).

I understand that if I do not pay by allotment, all rent payments due after I give notice must be made by MONEY ORDER or CASHIERS CHECK. If I am retiring or separating from the military the same month I am vacating housing, I understand that since my allotment will not be taken, that I am required to pay for my last month's rent five (5) days before my scheduled move out date by MONEY ORDER or CASHIERS CHECK.

As a reminder, rental payments are paid in arrears and as such, any refund due the last month of residency will be paid out by the 15th business day of the following month and mailed directly to the forwarding address listed above.

ESTIMATED AMOUNT DUE AT MOVE OUT (Office Use Only):

Rent from: _____ to _____ = _____ # of days
Monthly Rent Rate: _____ ÷ # days of month = \$ _____
Prorated Rent: \$ _____ per day x _____ # of days = Total Prorate \$ _____
Lease Break Fee (as applicable): \$ _____ Other Balances Owed (as applicable): \$ _____

MOVE OUT INSPECTION APPOINTMENTS (Office Use Only):

Pre-Move Out Inspection Date: _____ Time: _____ AM _____ PM
Final Move Out Inspection Date: _____ Time: _____ AM _____ PM

By signing below, I agree to the above terms and conditions and acknowledge receipt of the following forms: (1) Move Out Cleaning Requirements; (2) Damage Cost Estimate Sheet; (3) Bulk Trash flyer. Please refer to your ROA, Paragraph 22, Exit Inspection of Premises and RRG for all resident responsibilities at move out.

Leaseholder Signature _____ Date _____

Property Management Representative Signature _____ Date _____

By signing below, I grant authorization to share my contact information with the housing office at my next duty station for leasing purposes.

Leaseholder Signature: _____ Phone: _____