



SECTION 8 OFFICE
700 ANDOVER PARK W, SUITE A, TUKWILA, WA, 98188-3322
PHONE: (206) 214-1300 FAX: (206) 243-5927

OFFICE USE ONLY	
FORM #:	877
HOUSEHOLD ID:	
TICKLER #:	
EFFECTIVE DATE:	

TERMINATION ACKNOWLEDGEMENT FORM

I, _____, the owner and / or manager of the

(Print Name of Landlord)

Property located at _____

(Section 8 - unit address)

release the tenant _____ **at the above-**

(Print Name of Tenant)

mentioned property from his / her Section 8 Lease as of: _____.

(Date of Release Must Be the End of the Month)

We understand that the Section 8 Housing Assistance Payment will terminate as of the date of release. We encourage both parties to do a vacate inspection. All rent, utility payments, and other charges should be up to date. If damage or unpaid amounts are an issue, arrangements should be made to cover these costs. This will be considered proper notice to vacate the premises.

Landlord's Signature

Date

Tenant's Signature

Date

TENANT PHONE #: _____ **Tenant Email Address** _____

THE BEST PHONE NUMBER TO REACH YOU

You must contact you Senior Housing Specialist to schedule a moving appointment in order to obtain your voucher.

Please allow at least 45 days to complete the moving process.