

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

| , the owner and / or manager of the | | |
|---------------------------------------|--|-------------------------|
| (Print Name of Landlord) | | |
| Property located at | | |
| | (Section 8 - unit address) | |
| release the tenant | | at the above- — |
| | t Name of Tenant) | |
| mentioned property from his / h | er Section 8 Lease as of: | |
| | (Date of Release Must Be t | he End of the Month) |
| We understand that the Section | 8 Housing Assistance Payment w | ill terminate as of |
| the date of release. We encoura | ge both parties to do a vacate ins | pection. All rent, |
| utility payments, and other charg | ges should be up to date. If dama | ge or unpaid |
| amounts are an issue, arrangeme | ents should be made to cover the | ese costs. This will |
| be considered proper notice to v | acate 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 S | Specialist to schedule a moving appointm | nent in order to obtain |
| | your voucher. | |

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