HOUSING AUTHORITY OF THE COUNTY OF JACKSON
300 North Seventh Street * Murphysboro, IL 62966 618-684-3183

# NOTICE OF INTENT TO VACATE

PLACE KEYS HERE

REFERENCE #: _____ _____ bdrm
RESIDENT: _____
ADDRESS: _____
_____

DATE ___/___/_____ I, _____, HEREBY SERVE NOTICE OF MY INTENT TO VACATE THE ABOVE ADDRESS ON THE _____ DAY OF _____, _____

I INTEND TO MOVE TO _____
Street address, City, State, Zip

MY REASON FOR MOVING: _____

REASON OF MOVE-OUT

**1** - OVER INCOME **06** - ILLNESS OR DEATH **11** - MOVED W/O NOTICE
**02** - LEASE VIOLATION **07** - SPACE NEEDS **12** - PURCHASED HOME
**03** - NON-PAYMENT OF RENT **08** - DISLIKE LOCATION **13** - OTHER
**04** - LEAVING CITY **09** - RENT TOO HIGH **14** - SOCIAL PROBLEMS
**05** - FAMILY SEPARATED **10** - DISLIKE REGULATIONS

TELEPHONE: _____

SIGNED: _____

****JCHA REQUIRES A 30 DAY NOTICE – IF 30 DAYS IS NOT GIVEN RESIDENT WILL BE CHARGED FOR THE DAYS****
****THE ABOVED SIGNED RESIDENT AUTHORIZES THE HOUSING AUTHORITY TO TAKE POSSESSION AND DISPOSE OF ANY PERSONAL PROPERTY LEFT IN THE APARTMENT AFTER THE ABOVE INTENT DATE OF VACANCY***

Would you like to schedule an in-person walk-through with the JCHA inspector before turning in keys? _____ YES _____ No

********** complete upon return of keys **********

KEYS RETURNED: _____ DATE PROCESSED:_____
SUBMITTED BY: _____ W/O #'S = INSPECT _____
LOCKS _____
P4R _____

JCHA REPRESENTATIVE: _____ DATE KEYS RECEIVED: _____

Revised 3/20/25 LH, updated 11/25/25 lwa