



719 Howard St, Centralia, IL 62801  
www.mchahomes.org

T: 618-532-1894  
F: 618-532-2024

\_\_\_\_\_  
Date

I UNDERSTAND MY 30 DAY NOTICE STARTS ONCE  
MARION COUNTY HOUSING AUTHORITY RECEIVES THIS COMPLETED FORM.

Per my signed lease agreement, I, \_\_\_\_\_, am giving my 30 day written notice that I will be moving out of my current residence at \_\_\_\_\_ by \_\_\_\_\_.

My forwarding address will be \_\_\_\_\_.

**LEASE TERMINATION BY TENANT:**

Tenant shall give MCHA thirty (30) days written notice as described herein before moving from the dwelling unit. If Tenant does not give the full notice, Tenant shall be liable for rent to the end of the notice period or to the date the dwelling unit is checked-out, whichever date is later. Tenant agrees to leave the dwelling unit in a clean and good condition, reasonable wear and tear excepted and to return the keys to MCHA upon vacating.

\_\_\_\_\_  
Signature of Head

\_\_\_\_\_  
Signature of Spouse

\_\_\_\_\_  
Signature of Co-Head

\_\_\_\_\_  
Phone Number

Received by Marion County Housing Authority on \_\_\_\_\_

by \_\_\_\_\_.

