Massena
Housing Authority
...making housing affordable

Administrative Office
20 Robinson Road
Massena, NY 13662

Phone (315) 764-1706
Fax (315) 769-0114
TDD (800) 662-1220

Date: _____

_____

_____

_____

Re: Intent to Vacate- 30 Day Notice

The Notice of Intent to Vacate form on the reverse side requires additional information and/or your signature. Please complete the highlighted areas and return to the administrative office withing the next 10 days.

In accordance with the Housing Stability and Tenant Protection Act of 2019, landlords are required to notify vacating tenants in writing of the tenant's right to ***REQUEST*** an inspection before vacating the premises and of the tenant's right to be present at the inspection. ***If you would like to request an inspection, please contact the administrative office at (315) 764-1706 within (10) ten days from the date of this letter.***

Upon receipt of your request, an inspection must be scheduled, and it will be conducted by Landon Laughlin, Maintenance Supervisor. You will be notified in writing at least (48) forty-eight hours prior to the date and time the inspection is scheduled to occur.

After the requested inspection, we will provide you with an itemized statement specifying repairs or cleaning that may be deducted from your security deposit. This will allow you the opportunity to reduce or eliminate any potential charges prior to vacating the unit.

To be compliant with NYS law we will not be able to reschedule this inspection. Although you are not required to be present for the inspection, we ask that you make every effort to be present if you wish to do so.

Please contact us if you have any further questions regarding move-out procedures.

Sincerely,

Dorothy Stowell
Tenant Relations Assistant, Ext. 115

Tammy Hooper
Tenant Relations Assistant, Ext. 118

OVER ➔

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NOTICE OF INTENT TO VACATE	To Be Filled In By Housing Manager			
	PROJECT # NY-31-	UNIT SIZE BEDROOM	UNIT #	DATE NOTICE RECEIVED
PROJECT NAME		LOCATION		
DATE OF 1ST OCCUPANCY IN PROJECT	SECURITY DEPOSIT PAID $	LAST DAY RENT TO BE CHARGED	DATE ACTUALLY VACATED	DATE SECURITY DEPOSIT REFUND DUE $

Apartment Key #: _____ **# of Keys Due** _____ **# returned** _____

Mailbox Key #: _____ **# of Keys Due** _____ **# returned** _____

MED Transferred to MHA: _____

GAS Transferred to MHA: _____

Notes:

Section A - TO BE COMPLETED BY TENANT

I, _____, hereby serve notice of my intent
Tenant Name

to vacate _____ by the_____ day of _____
Unit address/apartment #

I intend to move to _____
Number Street City/State/Zip

My reason for moving: _____

_____

I am requesting a move-out inspection be conducted prior to the date I intend to vacate the apartment: ☐ YES ☐ NO

Signed: _____
Tenant Signature

Signed: _____ _____
MHA Staff Signature *Date*