



**REQUEST FOR A CHANGE IN THE NOTICE
TO VACATE**

Tenant First & Last Name: _____

Unit Address: _____

() REQUEST FOR AN EXTENSION IN MY CURRENT UNIT

The below named landlord and tenant agree to extend the original move out date from _____ to _____. We further understand that to continue to receive the Housing Assistance Payment, the unit must comply with the Department of Community Affairs (DCA) Housing Quality Standards (HQS).

I, _____, (tenant), understand that if I move before the month indicated on this extension, I will be responsible for paying the landlord the full amount of rent for that month.

I, _____, (tenant), understand I am only allowed one (1) Housing Assistance Payment Contract (HAP) extension per move request. I also understand if I stay beyond the extended date, I will be responsible for paying the current landlord the full amount of rent for the following month(s).

() REQUEST TO RESCIND MY NOTICE TO VACATE

The landlord and tenant agree to withdraw the Notice to Vacate effective _____. By withdrawing the Notice to Vacate and remaining in the unit, it's understood by the undersigned the voucher issued to transfer to another unit becomes void. We further understand to continue to receive the Housing Assistance Payment the unit must comply with the HCV Housing Quality Standards.

SIGNATURES ARE REQUIRED FROM BOTH THE TENANT AND OWNER

Tenant's Signature _____

Landlord's Signature _____

Tenant's Telephone Number _____

Landlord's Telephone Number _____

Date _____

Date _____

