

UNIT TURNAROUND CONTROL FORM

NOTICE OF INTENT TO VACATE

Unit# Date of Notice

Resident Tel. Number

Address

You are hereby advised that I will vacate my unit on

for the following reason:

My final statement should be sent to:

Name

Address

City State Zip Code

Date Signature of Resident

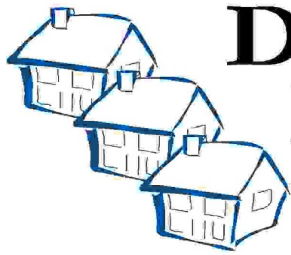
1. Date of move-out inspection Date Time

2. Date keys turned in to maintenance

3. Date ready for occupancy

4. Date security deposit returned

5. Managers Signature



Dover Housing Authority

76 Stevenson Drive
Dover, DE 19901
302-678-1965 *voice*
302-678-1971 *fax*
1-800-545-1833, ext. 816 TDD
doover.housingauthority@dhade.org *email*

MOVE-OUT CHECKLIST

I hereby understand that the following steps

must be done upon my intent to vacate date,

<input type="text"/>	Vacuum all floors (if applies)
<input type="text"/>	Wet mop all tile floors throughout unit
<input type="text"/>	Clean kitchen (ex: refrigerator, stove, counter tops, cabinets & sink)
<input type="text"/>	Clean bathroom (ex: toilet, tub, tub surrounding, sink & cabinet)
<input type="text"/>	Closets (ex: remove all items)
<input type="text"/>	If-walls are painted a different color they must be painted back to its original Color-Antique white (14341020)
<input type="text"/>	Remove all personal items from the unit
<input type="text"/>	Remove all trash from unit
<input type="text"/>	Leave no damages
<input type="text"/>	Return keys to the office in an envelope

Date :

Signature

Date :

Witness (DHA Staff)