

## **Verification of Move Out**

(To be filled out by Landlord, Agent, or Authorized Party) This information is required to close the account

Landlord Informa	ation	
Landlord Name:		
Landlord Address	s:	
City:	State:	Zip Code:
Email Address:	Phone Number:	
Move Out Inform	ation	
Head of Househo	old:	
City:	State:	Zip Code:
	80-day notice to Landlord?   Yes   No	
Date of Move Ou	t:	
Please check all	applicable reasons for move out:	
	□ Court Eviction — Please attach judgment	
	□ Lease Violations — Please attach all notices of violations	
	$\square$ Provided Notice to Vacate — Please attach notice to vacate	
	$\square$ Vacated without Notice — Describe what happened in Comments section below	
	☐ Unit Found Vacant	
	□ Other, Please Specify:	
Comments:		
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The following person has been designated to coordinate compliance with the Section 504: Michaelle Finch, 818 S. Flores, San Antonio, Texas 78204.

SAHA