

FALL RIVER HOUSING AUTHORITY
LEASED HOUSING DEPARTMENT
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722

TELEPHONE (508) 675-3595
FAX (508) 675-3435

VOUCHER TO MOVE FORM

LANDLORD

NAME: _____

ADDRESS: _____

TELEPHONE: _____

TENANT

NAME: _____

ADDRESS: _____

TELEPHONE: _____

By signing below, you are accepting this as ***a 30 day notice*** and allowing my above mentioned tenant to move from his/her apartment on or after

_____ with his/her current lease remaining in effect on a

(PLEASE PUT IN MOVE OUT DATE ON ABOVE LINE)

month-to-month basis until he/she vacates the unit.

Landlord Signature

Date