

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