



BOONECOUNTYKY.ORG

**TENANT REQUEST TO TERMINATE HOUSING ASSISTANCE
WITH BOONE COUNTY ASSISTED HOUSING**

I, _____
TENANT NAME

residing at _____
ASSISTED ADDRESS

GIVE MY NOTICE TO TERMINATE HOUSING ASSISTANCE IN BOONE COUNTY. I UNDERSTAND THAT I WILL BE RECEIVING NO ADDITIONAL HOUSING HELP AFTER

VACATE DATE OR TERMINATION DATE

***** I WILL NOTIFY MY LANDLORD OF THIS CHANGE IMMEDIATELY *****

IF I AM *NOT* MOVING, I REALIZE THAT NOW I WILL BE TOTALLY RESPONSIBLE TO MY LANDLORD FOR MY ENTIRE RENT. I MAY ALSO BE RESPONSIBLE FOR DAMAGES IF APPLICABLE. I AM AWARE THAT I MUST ENTER INTO A NEW LEASE/CONTRACT WITH THE LANDLORD.

IF I AM MOVING, _____
NEW STREET ADDRESS

CITY STATE ZIP

NEW PHONE NUMBER _____

REASON FOR ASSISTANCE TERMINATION _____

SIGNATURE

DATE

Initial and date if applicable

The move is being requested in accordance to VAWA, Violence Against Women Act.

Tenant request to terminate rct 9/17