



25 High Street  
Caribou, ME 04736  
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[www.caribouhousing.org](http://www.caribouhousing.org)



## PERMISSION TO BREAK ONE-YEAR LEASE & 30-DAY NOTICE TO VACATE

This serves as a one-month notice of intent to vacate the premises listed below. I understand to be eligible to move; the landlord agrees to terminate the one-year lease due to circumstances out of one's control.

### TO BE COMPELLED BY VOUCHER HOLDER

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, do hereby serve notice of my intent to vacate the unit listed above on \_\_\_\_\_ 20\_\_\_\_\_.

Reason(s) for Moving:

- |   |   |
|---|---|
| <input type="checkbox"/> Want to be near employment       | <input type="checkbox"/> Want to be near health care provider |
| <input type="checkbox"/> Need larger unit                 | <input type="checkbox"/> Need smaller unit                    |
| <input type="checkbox"/> Unit doesn't pass HQS Inspection | <input type="checkbox"/> Reasonable Accommodation             |
| <input type="checkbox"/> Other: _____                     |   |

### CERTIFICATION

I certify that:

- I have not received a notice from the owner/landlord to pay or quit within the last 30 days.
- I am not currently involved in an eviction action with the owner/landlord.
- I am liable for charges due to damages beyond normal wear and tear that were created during my occupancy at the current address.
- If I owe money for rent, fees, and/or damages, my current landlord may attempt to obtain a court judgement for monies owed. If a judgement is rendered on behalf of my landlord, and I do not pay in full, my assistance may be terminated in my new unit.

**WARNING: Section 1001 of Title 18 of the U.S. Code makes is a criminal offense to make willful false statements or misrepresentation to any Department or Authority of the United States.**

x. \_\_\_\_\_  
Signature of Section 8 Head of Household

\_\_\_\_\_  
Date

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**TO BE COMPELTED BY THE OWNER/LANDLORD**

Note to Owner/Landlord: Before signing this form, we strongly urge you to inspect the rental unit and make a written agreement with the family acknowledging responsibility for any unpaid rent, damages to the unit, or outstanding utility bills. A copy of the agreement **MUST** be attached to this Notice. If you obtain a court order for possession because of a lease violation, please send us a copy of that order, and any other court judgements.

As the landlord/owner, I agree to let \_\_\_\_\_ (Family Name), to vacate their rental unit located at, \_\_\_\_\_, on \_\_\_\_/\_\_\_\_/20\_\_\_\_, prior to their one-year lease which was due to expire on \_\_\_\_/\_\_\_\_/20\_\_\_\_.

I also agree to the following:

- Should the family remain the unit after the date of official rescission of the lease, the family is responsible for any all rent due.
- The landlord/owner is not entitled to any further housing assistance payments from the Caribou Housing Authority for any period after the effective date of the 30-day notice.
- The Housing Assistance Payments contract between the landlord/owner and the Caribou Housing Authority is terminated as of the effective date of the 30-day notice.
- Please be advised that pursuant to 24 CFR 982.311(d), if the family moves out of the unit, the PHA may not make any housing assistance payment to the owner for any month after the month when the family moves out. If you receive a subsidy payment after the family vacates, you are obligated to repay the subsidy.

**CERTIFICATION**

I certify that the family:

- Is not bound by a current lease as the Vacate Date, noted above
- Does not owe any money to the landlord for outstanding rent, deposits, etc.
- Has no known damages to the unit, beyond normal wear and tear.
- Is not currently being evicted and/or DOES NOT has a case pending in court

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Signature of Owner/Landlord

Date

**If you or anyone in your household is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Caribou Housing Authority.\*\***