

**Notice to Vacate Policy**

When a tenant is moving out, they must submit a written notification 30 days in advance. This is to help coordinate any maintenance or repair work that needs to occur before the new tenant moves in, as well as to set the move-in date for the new tenant.

A tenant may give their 30-day notice any time of the month. *The 30 day period begins the day the office receives the written notice.* Tenants are obligated to pay rent through the rest of the 30 day period, even though they may choose to vacate before the 30 days are over. **If it is within the first year, please talk with the Property Manager for more information.**

If the tenant has not completely moved out by the date specified, and the keys are not returned to the office by 9 AM the following business day, the tenant will be charged $25.00 per day until the unit is fully vacant and all keys are returned to the office.

If you have any questions regarding this policy, please contact the Housing Manager at the Red Wing HRA office at 651-388-7571.
Notice to Vacate

I, _____________________________ hereby give notice that I will vacate the rental unit located at: _____________________________

- **Reason for moving:** _____________________________

- **I will have all** of my belongings out of the unit by Midnight on _____________________________. **I will return all apartment keys to the HRA office either on this day or before 9:00 a.m. the next business day.** If the apartment is not vacant and the keys returned as indicated above, I understand I will be charged $25.00 per day until this is done.

X________________________________________  Date

Tenant’s Signature  Date

or, if giving notice for a family member

X________________________________________  Date

Signature of Person Giving Notice  Date

Jordan Tower’s tenants only: If you wish to sell your air conditioner, contact the Social Service Coordinator for assistance. We do not guarantee that your air conditioner will be purchased.

Forwarding Address: ____________________________________________________________

Phone Number: ________________________________________________________________

Security Deposit Check Payable To: ________________________________________________
REQUEST FOR DISCONTINUATION OF RESIDENTIAL SERVICE

Form will only be accepted if filled out completely and signed by both parties

Service Address

Street Address: ____________________________ Unit#: ____________________________

City: ____________________________ State: ____________________________

Date

Date Billing Responsibility Ends*: __________/________/________

* The date provided represents a mutually agreed to date and will be used in the event of any disputes.

Tenant Information

Primary Name on Account: ____________________________

Contact Telephone Number: (__________)_________________ O Cell  O Home  O Work

Forwarding Address: ____________________________

NOTE TO TENANT: When this form is used it is not necessary to call Xcel Energy to end service.

Owner

Owner/Property Manager Name: ____________________________

Telephone Number: (__________)_________________ Date:_________________

Signatures

Signatures of both parties are required

Tenant's Signature: ____________________________ (Must be signed customer named on account) Date:_________________

Owner/Property Manager Signature: ____________________________ Date:_________________

Fax Completed Form to 800-895-2895
I, ________________________________, wish to **stop** my ACH payments effective on _________________. I wish to **stop** the following charges from being taken out via ACH. (Please circle all that apply):

<table>
<thead>
<tr>
<th>Rent</th>
<th>Parking</th>
<th>Air Conditioning</th>
<th>Additional Utilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance Charges</td>
<td>Cable</td>
<td>Internet</td>
<td></td>
</tr>
</tbody>
</table>

I, ________________________________, wish to **adjust** my ACH payments effective on _________________. I wish to **only** have the following charges to be taken out via ACH. (Please circle all that apply):

<table>
<thead>
<tr>
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<th>Parking</th>
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<td></td>
</tr>
</tbody>
</table>

Signature: ________________________________  Date: ________________________________

***If/When you wish to restart your ACH you will need to fill out a new form at the HRA office***