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## VOID INTENT TO VACATE

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_

**The above tenant has requested to remain in the above unit. The Sarasota Housing Authority will void the original HAP cancelation notice that was sent to you if you agree to allow the tenant to remain in the unit.**

I agree to allow the tenant to stay in the unit and I will continue to receive the housing assistance payment from SHA upon signing a new lease with the \_\_\_\_\_ tenant and a new HAP contract with SHA.

I cannot allow this tenant to remain in the unit because I have either rented it \_\_\_\_\_ or sold it to someone else, or I do not wish to participate in the Housing Choice Voucher Program for an additional year.

Landlord/Owner Name \_\_\_\_\_ Date \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Phone \_\_\_\_\_

**This form must be returned no later than \_\_\_\_\_.** If this form is not returned before this date, then the HAP cancelation will stand and SHA will not make any additional payments to the owner on behalf of \_\_\_\_\_.

Head of Household Name

Please return this form and a copy of the newly executed lease to fax number **(941) 366-4661**, or you may email the items to **someone@pha-web.com**.