60 DAY NOTICE TO VACATE

NOTICE TO TENANT

Section 8 Housing Choice Voucher Tenancy

_____ COUNTY, STATE OF FLORIDA

To: _____

And all others in possession of: _____

Property Address: _____

This notice is to inform you that your tenancy assisted under the Section 8 Housing Choice Voucher Program is being terminated. Because your tenancy is subsidized under the Housing Choice Voucher Program, you are being given not less than sixty (60) days written notice as required under applicable U.S. Department of Housing and Urban Development (HUD) regulations, your lease, and the Housing Assistance Payments (HAP) contract.

You are required to vacate the premises and surrender possession to your landlord on or before:

_____ (Month / Day / Year)

This date is not less than sixty (60) days from the date of service of this notice.

Reason(s) for termination: _____

_____

A copy of this notice is also being provided to the Public Housing Authority (PHA) administering your Housing Choice Voucher, as required.

THIS NOTICE IS SENT TO YOU PURSUANT TO FLORIDA STATUTES, CHAPTER 83, YOUR LEASE, AND APPLICABLE HUD REGULATIONS.

If you fail to vacate the premises by the date stated above, we shall take legal action to recover possession, together with any rent, damages, and costs permitted by law for your continued occupancy in violation of this notice and your lease obligations.

Landlords Name: _____

Address: _____

City, State & Zip: _____

Phone Number: _____

CERTIFICATE OF SERVICE

I hereby certify that a copy of the above notice was delivered to the above-named tenant by:

☐ Personal delivery (given to person over 15 residing on property)

☐ Certified mail (add at least 5 business days extra for mail service)

☐ Posting on premises (Posted in a conspicuous place on the premises, i.e. front door).

on _____, _____, _____ am/pm.

_____ _____

Signature of person serving notice Signature & Name of person receiving notice

_____, Agent/Landlord.