

THIRTY DAY NOTICE OF RESIDENT(S) INTENT TO VACATE



Date Notice Given _____ Property _____
Resident(s) Name _____ Apt. # _____ MTM or Lease date ends ____/____/____
Date to Vacate _____ Changed/Cancel ____/____/____ Initial _____

It is understood as follows:

- a. that a Thirty Day Notice of Intent to Vacate is required by Section 1946 of California Civil Code for month-to-month tenancies;
- b. for Resident's on a fixed-term lease, a Thirty Day Notice of Intent to Vacate does not relinquish Resident from any obligation of the lease, including payment to the end of the lease term;
- c. Resident's possession of the unit remains in effect until all belongings are removed and all keys returned; and except as provided by law, rent is due and payable up to and including that final date of possession, or thirty (30) days after service of this notice to Owner/Agent, whichever is later.
- d. Resident cannot use the security deposit as last month's rent. Rent is payable through the termination of the tenancy.
- e. the occupancy of the above apartment is to be terminated on or before midnight of the above vacate date. Any property remaining on the premises after that date will be disposed of as prescribed by law. The apartment will be shown to prospective residents at reasonable times commencing immediately.

REASON FOR MOVE OUT (Please check and/or circle one)	<input type="checkbox"/> Roommate only
<input type="checkbox"/> Bought Home	<input type="checkbox"/> Transfer within property
<input type="checkbox"/> Job transfer/promotion	<input type="checkbox"/> Lost job / other financial
<input type="checkbox"/> Asked to move	<input type="checkbox"/> Change in number in household
<input type="checkbox"/> Larger apartment	<input type="checkbox"/> Skip
<input type="checkbox"/> Eviction	<input type="checkbox"/> Noise
<input type="checkbox"/> Rent	<input type="checkbox"/> Security issue
<input type="checkbox"/> Lost / gain roommate	<input type="checkbox"/> Maintenance issue
<input type="checkbox"/> Other _____	

Forwarding address _____
Email: _____
Current phone number (_____) _____ New phone number (_____) _____

NOTE: MOVE OUT INSPECTIONS MAY ONLY BE CONDUCTED BY APPT. BETWEEN 9AM - 5:45 PM. KEYS MUST BE TURNED INTO THE OFFICE BETWEEN 9AM-6PM, OR DROPPED THROUGH THE DOOR SLOT AFTER HOURS, FOR THE UNIT TO BE CONSIDERED SURRENDERED. YOU WILL BE CHARGED FOR ALL UNRETURNED KEYS.
Please do not mail or leave keys in the apartment.

NOTICE OF RIGHT TO INITIAL INSPECTION:
I understand that I have the right to request an initial inspection of my unit and to be present during that inspection, which shall occur no earlier than two weeks before the termination of the tenancy and during normal business hours. I also understand that at this initial inspection, the Owner/Agent will provide an itemized statement specifying repairs or cleaning that are proposed to be the basis for the deductions from the security deposit. I understand, however, that this may not be a final accounting of deductions from my security deposit. I understand that no later than three weeks (21 days) after Owner/Agent has regained possession of the premises, Owner/Agent shall provide me with an itemized statement, indicating the basis for, and the amount of, any security received and the disposition of the security and shall return any remaining portion of such security deposit to Resident.
(check only one option)
 I decline the initial inspection.
 I request the initial inspection of my unit, and I wish to be present.
 I request the initial inspection of my unit, but I will not be present.

Contact me to arrange for the inspection: (_____) _____
(if requesting initial inspection, check only one option below)
 I waive my right to 48 hour notice by the Owner/Agent prior to their entry of the unit to perform the initial inspection, as allowed by Civil Code section 1950.5(f)(l)
 I want Owner/Agent to provide 48 hour notice prior to their entry of the unit to perform the initial inspection.

Signature of Resident _____ Date _____
Signature of Resident _____ Date _____
Signature of Resident _____ Date _____