



818 S. FLORES ST. ▼ SAN ANTONIO, TEXAS 78204 ▼ www.saha.org

Assisted Housing Programs

Verification of Move Out

(To be filled out by Landlord, Agent, or Authorized Party)

This information is required to close the account

Date: _____

Head of Household: _____

Address: _____

City, ST, Zip: _____

Did Tenant give 30-day notice to Landlord? Yes No

Date of Move Out: _____ Lease Expires: _____

Comments:

Landlord Signature: _____

Address: _____

City, ST, Zip: _____

Phone: _____

Return to: Elizabeth Riojas

Fax: 210-477-6206