

INTENT TO VACATE

Date: <u>2/9/2021</u>	Lease End Date:
Apt#: <u>252</u>	Move Out Date:
Phone #: <u>(510) 396-6043</u>	Resident(s): <u>Alex Nunez, Meghan Fraky</u>

I/We hereby advise management that I/We will be vacating my apartment on _____. **Please Note:** Your lease requires you to provide us with a _____ day written notice of your intent to vacate. If your move out date is **after** your Lease End Date, you will be billed the Month-to-Month (MTM) rate for any days up to and including your move out date.

A complete **FORWARDING ADDRESS** is necessary to ensure your security deposit refund (if applicable) is delivered to you in a timely manner:

Street Address: 1600 Villa Street #152
 City/State/Zip: Mountain View, CA 94041
 Country: USA

What is the PRIMARY reason that you are moving? (CHECK ONLY ONE):

<input type="checkbox"/> Job Relocation/New Job	<input type="checkbox"/> Separating/Divorcing	<input type="checkbox"/> School District
<input type="checkbox"/> Purchased a Home/Condo/Co-op	<input type="checkbox"/> Roommate Move Out	<input type="checkbox"/> Quality - Apartment Finishes
<input type="checkbox"/> Rent Increase	<input type="checkbox"/> Need More Space	<input type="checkbox"/> Quality of Amenities
<input type="checkbox"/> Financial Reason/Save Money	<input type="checkbox"/> Need Less Space	<input type="checkbox"/> Poor Service
<input type="checkbox"/> Loss of Employment	<input type="checkbox"/> Military Transfer	<input type="checkbox"/> Different Neighborhood
<input type="checkbox"/> Got Married/Moved in w/Partner	<input type="checkbox"/> Parking	<input type="checkbox"/> Noise Issues
<input type="checkbox"/> Having a Baby	<input type="checkbox"/> Safety Issues	<input checked="" type="checkbox"/> Other <u>Changing units in</u>
<input type="checkbox"/> Age/Medical	<input type="checkbox"/> Retirement	<u>Same complex</u>

Which of the following best describes the type of residence you will be moving to (CHECK ONLY ONE):

<input checked="" type="checkbox"/> Apartment (rental)	<input type="checkbox"/> Condominium/Co-op (own)	<input type="checkbox"/> Transfer-Other Avalon/AVA/eaves Apt.
<input type="checkbox"/> Condominium/Co-op (rental)	<input type="checkbox"/> Single Family home (own)	<input type="checkbox"/> Transfer-Different Apt./Same Community
<input type="checkbox"/> Single Family Home (rental)	<input type="checkbox"/> Townhouse (own)	<input type="checkbox"/> Other _____
<input type="checkbox"/> Townhouse (rental)	<input type="checkbox"/> Senior Living/Assisted Living	

Are you electing to use the 30 Day Move-In Guarantee? Yes ☐ No ☐

Should I subsequently wish to cancel or extend my notice to a later date, I will contact you immediately, through a written request. If my apartment has already been re-rented to a new resident by the time I make such a request, I understand that it may be impossible for you (the owner's agent) to grant this request.

I understand that upon rendering this notice, I am still liable under the conditions of my present Lease Agreement.

Emily Ann Ramos 2/9/2021
 Resident Signature Date Resident Signature Date
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