



**HOUSING  
AUTHORITY OF  
BILLINGS**

2415 1ST AVENUE NORTH  
BILLINGS, MONTANA 59101  
406-245-6391  
www.billingsha.org

MONTANA RELAY: 711  
FAX: 406-245-0387

30 DAY NOTICE - Notice of Tenant's Intent to Vacate

From: \_\_\_\_\_ Date: \_\_\_\_\_

To: Public Housing Asset Manager- \_\_\_\_\_ Vickie \_\_\_\_\_ Brian

Please be advised that I intend to terminate tenancy of:

Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

30 days from the above date on: \_\_\_\_\_ 20\_\_

I understand that a refund of my security deposit will be made if I give a thirty (30) day notice to the Housing Authority of Billings, return all keys, clean the unit in accordance with the 48 Hour Cleaning Notice, rent and utilities paid through the end of the 48 Hour Cleaning Notice, and no damages incurred other than ordinary wear and tear.

I understand that if I am not out of my apartment on the above date, my rent will be prorated for that month until I am completely moved out and the keys are returned.

\_\_\_\_\_  
Head of Household Signature Date: \_\_\_\_\_

I understand that any security deposit or rent to be refunded, if applicable, will be mailed to the forwarding address I provide below within a 30-day period from date of move out as required by Montana law.

\_\_\_\_\_  
Head of Household Signature Date: \_\_\_\_\_

Forwarding Address:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby acknowledge receipt of the above notice on this date.

\_\_\_\_\_  
Public Housing Asset Manager Date: \_\_\_\_\_

S:hab/ph tenant 30 day notice 2018



All programs are open to all eligible persons, regardless of Race, Color, National Origin, Disability, Familial Status, Sex, Religion, Creed, Marital Status, Age, Sexual Orientation, or Gender Identity.