



**NORTON HOUSING AUTHORITY**

120 West Main Street  
Norton, MA 02766  
508-285-3929

**UNIT VACANCY REPORTING FORM**

Today's Date: \_\_\_\_\_ Tenant: \_\_\_\_\_ # of Bdrms \_\_\_\_\_

Unit Address: \_\_\_\_\_  Jacobs Way  Woodland Mead. \_\_\_\_\_ Building \_\_\_\_\_

Please be advised that I will be vacating my apartment on \_\_\_\_\_.

Reason for vacating:  Private Rental  Long-term Care  Death  
 Home Ownership  Eviction  Other

**NOTICE:** Any items left in the unit after the vacancy date above will be considered abandoned and will be disposed of and the tenant charged accordingly. I also understand that my apartment will be left empty and in broom-swept condition or I may be charged a fee for proper clean up.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
NHA Representative

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

**MAINTENANCE DEPARTMENT**

\_\_\_\_\_  
Date Vacated    \_\_\_\_\_  
Date Completed    \_\_\_\_\_  
Ready to Lease    \_\_\_\_\_

CONDITION:  Excellent  Good  Fair  Poor

\_\_\_\_\_  
Comments / Rehab Involved / Reason for Turnover Time > 21 Days

Completion Certificate Issued by: \_\_\_\_\_ Keys Issued to Office on: \_\_\_\_\_

**TENANT SELECTOR**

Rejected \_\_\_\_\_  Rejected \_\_\_\_\_  Rejected \_\_\_\_\_

NOTES: \_\_\_\_\_

Accepted by: \_\_\_\_\_ Control Number \_\_\_\_\_ Signature of Office Staff \_\_\_\_\_

Priority:  1  2  3  4  5  6  7 Preference:  Veteran  Local Resident  Minority

**HOUSING SPECIALIST**

Lease-up Date: \_\_\_\_\_ Notes: \_\_\_\_\_ Signature: \_\_\_\_\_