



CITY OF EAST PROVIDENCE

East Providence Housing Authority

99 GOLDSMITH AVENUE
EAST PROVIDENCE, RI 02914-2240

HOUSING CHOICE VOUCHER (SECTION 8) DEPARTMENT

Phone: 401-434-7645
Fax: 401-435-3466

RECEIPT OF THIRTY (30) DAY NOTICE

This signed document certifies that I have received the required thirty (30) day written noticed to vacate from _____.
Tenant

I understand that it is my responsibility to inspect the property for any damages and adjust the refund of the security deposit accordingly.

Landlord's Signature: _____

SS3 (last four #'s): _____

Date: _____

Tenant's Signature: _____

SS3 (last four #'s): _____

Date: _____

EPHA Staff Signature: _____

Received Date: _____