



# NOTICE OF INTENT TO VACATE

**All residents must give the Goose Hollow Housing Office a Notice of Intent to Vacate 30 days prior to moving out. You must be completely out of your apartment by 11:59pm on the "date to vacate".**

**General Information**

Today's Date:	Name:	Signature:
Apartment (Bldg & Room):		Phone Number:

**Roommate Information:**

Do you have any roommates? If so they must fill out the following information. (This is not necessary if you live in a Goose Hollow Private Suite or are a part of the Student Summer Intern Program)

Roommate #1: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Roommate #2: Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Move Out, Liability and Fees**

**Date to Vacate Your Apartment:** \_\_\_\_\_

**30 Days Notice Penalty:** Your Rental Agreement states that you are responsible to give at least 30 days notice that you are moving. You will have to pay rent during this time regardless of when you vacate your apartment. To determine this date add 30 days to today's date.

**Lease Break Fee:** See Lease Agreement

**Failure to Vacate:** Residents recognize that failure to vacate on the date set forth above will cause the Owner to suffer damages because of inability to gain access for maintenance or turn-over work or to allow new tenants to move in. The Residents agree that if they fail to vacate by the date set forth above, they will pay Owner liquidated damages of \$50.00 per day until possession is delivered to Owner.

**Forwarding Address for Deposit Refund:**

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

City	State	Zip	Phone
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**FOR OFFICE USE ONLY**

Lease Type:     Month to Month     6-Month (end date: \_\_\_\_\_)     12-Month (end date: \_\_\_\_\_)

Move out Penalty: \_\_\_\_\_

Received By:	Date NIV Received:	Move Out Date:	Liability End Date:
Date Entered into Yardi:		Entered into Yardi by:	

<input type="checkbox"/> Change Move Out Date to: _____ <input type="checkbox"/> Cancel Move Out Date of: _____ _____ Signature of Resident	<input type="checkbox"/> ACH <input type="checkbox"/> Z-Card <input type="checkbox"/> Parking Permit	Pre-vacant Date: _____ Notes:
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# INTENT TO VACATE QUESTIONNAIRE

1. Which CHNW building are you vacating?

- GH Tower
  GH Plaza
  Cambrian
  Clay
  Clifton House
  Palladian
  Tiffany

2. What type of apartment are you vacating?

- Studio
  1 Bedroom
  2 Bedroom
  Suite (shared 2 bedroom)

3. What is your reason for moving out?

- Ineligible
  Graduating
  Moving home
  Transferring colleges
  Relocating outside of Portland  
 Management conflict
  Roommate/neighbor conflict
  Disagreement with Rules/Regulations  
 Transferring within CHNW
  Unit does not meet needs
  On-site services do not meet needs  
 Other (please specify) \_\_\_\_\_

4. Please rate how satisfied you were with your apartment and/or services. For any rating of 3 or lower, please provide a small explanation to help us to understand your dissatisfaction better so we may improve our service. Thank you for taking your time to complete our survey. 😊

	Very Satisfied					Not Satisfied	Comments:
	1	2	3	4	5		
Unit Affordability	1	2	3	4	5		_____
Room size	1	2	3	4	5		_____
Lighting	1	2	3	4	5		_____
Room Condition	1	2	3	4	5		_____
Common Areas	1	2	3	4	5		_____
Housing Office	1	2	3	4	5		_____
Peaceful & Quiet	1	2	3	4	5		_____
Rules & Regulations	1	2	3	4	5		_____
Programs & Events	1	2	3	4	5		_____
General Safety	1	2	3	4	5		_____
Parking	1	2	3	4	5		_____
Maintenance	1	2	3	4	5		_____
Shuttle Service	1	2	3	4	5		_____
Internet	1	2	3	4	5		_____
Elevator	1	2	3	4	5		_____