

Northeast Oregon Housing Authority

Serving Union-Grant-Baker & Wallowa County

Mailing Address

P.O. Box 3357

La Grande, OR 97850

Office Location

2608 May Lane



PHONE: 541-963-5360

800-425-8638

WEBSITE: www.neoha.org

FAX: 541-963-3682

TDD: 541-963-2465

EMAIL: neoha@uwtc.net

Northeast Oregon Housing Authority does not discriminate on the basis of disability status in the admission or access to, or treatment or employment in its federally assisted programs and activities. NEOHA Executive Director has been designated to coordinate compliance with the nondiscrimination requirements contained in the HUD regulations implementing Section 504 (24CFR,pt8)11/2013

HOUSING CHOICE VOUCHER

30-DAY NOTICE

(REQUIRED IN WRITING TO LANDLORD AND NEOHA)

_____ DATE

(LANDLORD'S NAME)

(LANDLORD'S ADDRESS)

(CITY, STATE, & ZIP)

Dear _____ AND **NEOHA**

(LANDLORD'S NAME)

Please be advised that I, _____, am giving my **THIRTY (30) DAY NOTICE** for my
(PRINT TENANT'S NAME)

Current rental unit located at: _____
(TENANT'S ADDRESS)

(CITY, STATE & ZIP)

MY REASON FOR MOVING IS: _____

IF YOU HAVE NOT BEEN IN YOUR LEASE FOR AT LEAST ONE (1) YEAR, YOU MUST GET WRITTEN PERMISSION FROM YOUR LANDLORD TO BREAK YOUR LEASE.

My thirty day notice is to: **(PLEASE MARK (X) ONLY ONE OF THE FOLLOWING)**

- _____ **CANCEL OFF SECTION 8 HOUSING ASSISTANCE.**
- _____ **MOVE within Baker, Grant, Union, and Wallowa Counties.**
- _____ **TRANSFER MY ASSISTANCE TO ANOTHER HOUSING AUTHORITY** (OUTSIDE OUR FOUR COUNTIES)
Housing Authority Transferring To: _____
Address of Transfer Housing Authority: _____

My 30-day notice will start and be effective: _____ and will end: _____ (Today's date) (30 days from today)

X _____
(TENANT SIGNATURE) DATE