
PARTICIPANT REQUEST TO RESCIND TRANSFER NOTICE

Name of Caseworker: _____

Date: _____

I, _____, have given notice of intent to vacate or have signed a
Tenant Name
mutual rescission agreement which was to be effective _____; however, I
Date
wish to rescind that notice or mutual rescission agreement.

I do not plan to move as previously stated.

Tenant's Signature

Date

LANDLORD REQUEST TO RESCIND NOTICE

I, _____, hereby certify that I am the Owner or Manager of the property
Name of Landlord
located at _____ which is presently occupied
Property Address
by _____. I understand that he/she had submitted a written
Name of Tenant

notice of intent to vacate or signed a mutual rescission agreement to be effective on

_____; however the tenant has since advised me that he/she now wishes
Original Date to Vacate

to rescind the notice of intent to vacate or mutual rescission agreement and not vacate the unit
as previously stated.

The unit has not been re-rented and thus _____ has
Tenant Name
my permission to remain in the unit.

Signature & Title

Date

Please return form to : **Section 8 Owner Liaison**
 Macon-Bibb-County Housing Authority
 PO Box 4928
 Macon, GA 31208-4928