



**HOUSING AUTHORITY
OF THE COUNTY OF STANISLAUS**

1701 Robertson Road / P.O. Box 581918
Modesto, CA 95358-0033
(209) 557-2000 / Fax (209) 557-2091 / TDD 209 557-2012

Tenant Notice of Temporary Absence From Dwelling Unit

Date: _____

Unit #: _____

Tenant Name: _____

Address: _____

City, ST Zip: _____

Beginning date of absence from the above address: _____

Expected date of return to the above address: _____

**RENT MUST BE PAID IN FULL FOR THE EXPECTED PERIOD OF
ABSENCE FROM THE UNIT PRIOR TO LEAVING.**

I, _____, can be contacted at the following address
and phone number during my absence:

Phone number: _____

Address: _____

City, ST Zip: _____

The following person will be maintaining my unit during my absence and
he/she understands that he/she will only be maintaining the unit and **will
not be staying or living at the unit:**

Authorized person: _____

Address: _____

City, ST Zip: _____

Phone Number(s): _____

I understand that if the above authorized person fails to maintain the unit, I
will be responsible and I will be issued the notice stating the infraction(s) of
the lease. I further understand and agree that signing this notice does not
release me from any requirements or obligations stated in my lease,
including annual inspections or annual re-examinations for renewal.

Tenant Signature