

HOUSING AUTHORITY OF THE TOWN OF ENFIELD

1 Pearson Way, Enfield, CT 06082
(860) 745-7493 Fax (860) 741-8439
TDD/TTY 800-545-1833 Ext. 849

www.enfieldha.org



I, _____ hereby abandon my interest to the unit known as:
Name

_____ as well as abandon my interest as to any of the personal
Address

property left therein. I have turned in _____ key(s) to the Enfield Housing Authority office on _____.
Date

All items left in said unit/or on said property have no value and are considered junk.

My forwarding address is: _____

My phone number is: _____

Signature (Tenant #1)

Date

Signature (Tenant #2)

Date

Enfield Housing Authority Authorized Representative

Please provide the following feedback to assist us in improving our services

What is your main reason for moving?

Rent is too high _____ Relocation _____ Buying a home _____ Need services that aren't provided _____

Other _____ Please explain: _____

The Enfield Housing Authority provides equal opportunity to participate in our housing programs. Any disabled individual requiring a reasonable accommodation to fully utilize the housing programs and related services may request such by contacting our office at (860) 745-7493

An Affirmative Action/Equal Opportunity Employer
Equal Housing Opportunity

