Verification of Key Return

The below verifies that the client's key has been returned to the Property Manager/Owner office and the client no longer occupies the listed unit.

Date Key Returned	
Date Tenant Vacated the Unit	
Client Name	
Property Address	
Property Manager/Owner	
Phone Number	
Fax Number	
Date	
Please select one of the following re	asons below:
Family abandoned unit w PBVMoves@sfha.org sho	ithout notice (Referral request to be submitted to tly hereafter)
☐ Single-member family he to PBVMoves@sfha.org s	ad of household is deceased (Referral request to be submitted hortly hereafter)
☐ Family was transferred to	another unit within the portfolio
	nted the lease with proper notice and returned the keys to the al request to be submitted to PBVMoves@sfha.org shortly
payment of the contract rent. Please	the unit after the above date they will be responsible for full return this document to the Housing Authority of the City cute a new lease and contract for the unit.
Client Signature	Date
Property Manager/Owner Signature Date	