



Housing Authority of the City and County of San Francisco
Verification of Key Return

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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 reasons below:

- ☐ Family abandoned unit without notice (Referral request to be submitted to PBVMoves@sfha.org shortly hereafter)
- ☐ Single-member family head of household is deceased (Referral request to be submitted to PBVMoves@sfha.org shortly hereafter)
- ☐ Family was transferred to another unit within the portfolio
- ☐ Family voluntarily terminated the lease with proper notice and returned the keys to the property manager (Referral request to be submitted to PBVMoves@sfha.org shortly hereafter)

Should the client continue to occupy the unit after the above date they will be responsible for full payment of the contract rent. **Please return this document to the Housing Authority of the City and County of San Francisco to execute a new lease and contract for the unit.**

_____ Client Signature	_____ Date
_____ Property Manager/Owner Signature	_____ Date