



AGREEMENT FOR MUTUAL RESCISSION OF LEASE
Housing Choice Voucher Program

Participant(s) Name:

Landlord Name:

Unit Address:

Address

City

State

Zip Code

Lease Term: _____

Lease began date

Lease end date

Lease Rescission Effective: _____

Date

THIS AGREEMENT by and between the above named Participant and the Landlord will operate, by mutual agreement, and for the benefit of all the parties, to fully and completely rescind forever the lease executed by and between the above named parties on the above date.

By signing this agreement, the Participant agrees to vacate the above unit by _____ o'clock am/pm on the _____ day of _____, 20_____.

Participant's forwarding address: _____

Landlord/Owner Signature

Date

Participant/Occupant Signature

Date

