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QUINCY HOUSING AUTHORITY

80 Clay Street
Quincy, MA 02170-2799



MUTUAL AGREEMENT FOR TERMINATION OF ASSISTED LEASE AND TERMINATION OF HOUSING ASSISTANCE PAYMENT CONTRACT

Date:

Tenant Name:

Unit Address:

Tenant Program: Section 8 Housing Choice Voucher –HCV

We, the undersigned tenant and property owner/agent, mutually agree to *terminate the lease for the above referenced property effective _____*. The Housing Assistance Payment Contract will terminate automatically when the lease is terminated by the owner or the tenant. Therefore, in this case, *the HAP Contract will terminate effective _____*.
If the tenant remains in the unit without prior agreement to do so (does not return the keys, leaves belongings behind, etc.) beyond _____ the tenant will be responsible for a prorated portion of the full contract rent everyday thereafter until the unit is properly vacated.

If either party wishes to rescind this agreement, the tenant and landlord must submit their agreement to rescind the termination and specify their intentions in writing to the Housing Authority. Any changes to this agreement MUST be made in writing to the Quincy Housing Authority and received in no less than fifteen (15) days prior to the effective date of the change. Otherwise, housing assistance payments will terminate on the date specified above.

In certain circumstances, mutually agreed upon by the Quincy Housing Authority and the landlord, a tenant may be granted an extension beyond the date reflected above. If the client has been granted an extension by the landlord and/or property to reside in the unit beyond the date specified above, the Quincy Housing Authority must be notified in advance of such agreement as we will not be responsible for payment for any unapproved days a tenant resides in the unit. When an approved extension is granted, a prorated rent will be paid based on the number of days the client resided in the unit. Payments will be issued based on the approved extension date and will occur with the following payroll cycle post the tenants move out date.

We understand and agree that this agreement does not release the tenant from financial liability for any tenant caused damage to the unit.

Owner/Agent Signature Printed Name

Tenant Printed Name

Owner/Agent Signature

Tenant Signature

Date

Date

Telephone Number/Cell Number

Telephone Number/Cell Number

Leasing Officer

Telephone Number

Upon receipt of this Notice the QHA will ISSUE AN UPDATED VOUCHER and new Request for Tenancy Approval (RTA)