



AGREEMENT FOR MUTUAL RESCISSION OF LEASE

IMPORTANT:

No mover's packet will be processed with a vacate date less than 90 days from date of submission.

1. **THIS AGREEMENT**, by _____ as landlord/owner, and _____ as resident/family; shall by mutual agreement fully completely rescind forever the lease executed by and between the parties. Resident/family hereunder agrees that the subject premises of said lease, _____ shall be vacated by the undersigned resident/family by _____, the _____ day of _____, 20_____.

2. **THE PROVISIONS of this agreement shall bind and ensure to the benefit of the landlord/Owner, resident/family, their respective successor(s), legal representatives and assignees.**

3. **BY SIGNATURE BELOW, the landlord/owner agrees to the following:**

· *Should resident/family remain in the unit after the date of official rescission of the lease, said resident/family is responsible for any and all rent due.*

· *The landlord/owner is not entitled to any further housing assistance payments from the Lakeland Housing Authority for any period after the effective date of the rescission of lease agreement.*

· *The Housing Assistance Payments contract between the landlord/owner and the Lakeland Housing Authority is terminated as of the effective date of the rescission of the lease.*

4. **BY SIGNATURE BELOW, the resident/family agrees to the following:**

· *The resident/family is responsible for any and all rent due for any period after the effective date of the rescission of the lease if unit vacancy has not occurred by that date.*

· *The resident/family may not be issued a new Housing Voucher by the Lakeland Housing Authority for the purpose of moving to a new unit if any monies are owed to either the landlord/owner or to the Lakeland Housing Authority*

· *The resident/family must vacate the premises by the effective date of the rescission of lease and is responsible for leaving the unit and premises in good and clean condition.*

5. **BY SIGNATURE BELOW, both parties hereto have read and do understand the terms and conditions contained herein.**

OWNER NAME: _____ FAMILY NAME: _____

BY (Signature): _____ BY (Signature): _____

DATE: _____ DATE: _____

******No payments are processed after date indicated on point #1. If tenant is still in unit after that date, please notify us in writing. No mover's packet will be processed with a vacate date less than 90 days from date of submission.***



LANDLORD CLEARANCE LETTER

TENANT: _____

UNIT ADDRESS: _____

It is necessary that this office determine amounts due, if any, from the above referenced tenant. Please complete the section below and return this form to our office within **fourteen (14)** days. Your cooperation is appreciated.

AMOUNT OF TENANT RENT DUE AT THIS TIME: _____

AMOUNT OF LATE FEES DUE FROM TENANT: _____

NOTE: BEFORE COMPLETING THIS SECTION CONDUCT A UNIT INSPECTION

AMOUNT DUE FROM TENANT FOR REPAIR OF TENANT - RELATED DAMAGES ABOVE NORMAL WEAR AND TEAR: _____

ITEMIZATION OF DAMAGES/REPAIRS:

Damaged Item (if applicable):	Amount:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Landlord's Certification

Under penalty of perjury, I hereby certify that the information I have provided on this form is true and accurate. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in prosecution for fraud.

OWNER/LANDLORD (Please Print)

OWNER/LANDLORD SIGNATURE

CONTACT NUMBER

DATE