



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601

Telephone: (352) 754-4160
Fax: (352) 754-4168

Mutual Lease Rescission Agreement

Agreement between landlord and tenant to mutually terminate the lease

I, _____, the tenant, and _____, the landlord **mutually agree** to rescind the Housing Assistance Payment Contract, the lease, and any Addendum to the lease that is currently in effect for the above named resident located at:

Tenant Address: _____

City, State, Zip: _____, FL, _____

The effective date of this rescission will be _____. (**Date MUST be the end of the month**). After which, the Housing Assistance Payment Contract is void and no further payments will be made by the Hernando County Housing Authority.

IF THE TENANT REMAINS IN THE UNIT AFTER THE RESCISSION DATE, THE TENANT IS SOLELY RESPONSIBLE FOR THE ENTIRE RENT!

** Attention Landlords: The Hernando County Housing Authority strongly urges you to complete a walk-through inspection of your unit with your tenant before signing this form. **

Head of Household Signature

Date

Landlord/Owner Signature

Date

Hernando County Housing Authority Representative

Date