

**MUTUAL AGREEMENT FOR
TERMINATION OF LEASE
(EARLY RELEASE FORM)**

Tenant Name: _____

Address: _____ Apt #: _____

Date unit will be vacated: _____
(vacate date must be the last day of month)

We hereby mutually agree that the rental unit listed above will be vacated by the agreed-upon date. Both parties understand that no further Housing Assistance Payments will be issued on the Tenant's behalf after this date.

IMPORTANT NOTES:

Rental arrangements after the termination of the HAP contract are solely between the Property Owner and Tenant. If the Tenant decides to remain in the unit (after the termination date), the parties may agree to enter into a new lease. However, a new HAP contract would not become effective until the unit passes a new inspection.

It is hereby agreed that all claims and demands of the assisted lease are fully released by both parties for the time of acknowledged occupancy. The security deposit will be handled by the tenant and the property owner in accordance with state and local laws.

Signature of Owner/Manager

Date

Telephone Number

Signature of Tenant

Date

IMPORTANT: This form must be returned to the Housing Authority of Covington HCV office BEFORE the vacate date.