



# 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 SOLEY 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