



Housing Authority of the City Of San Luis Obispo  
 487 Leff Street - P.O. Box 1289, San Luis Obispo, CA 93406  
 (805) 543-4478 FAX (805) 543-4992

Executive Director-Secretary  
 Carol Hatley

**TERMINATION by MUTUAL AGREEMENT**

**This is a Mutual Agreement to terminate the HAP Contract and will waive any additional rights as set forth in the current Lease for the property listed below:**

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**The termination date shall be effective:** \_\_\_\_\_

- We understand that this agreement does not relieve the resident of any responsibilities to pay rent or resident caused damages to the above mentioned property that may exist at the time of move out.
- We understand that the owner is required to provide a security deposit disposition within 21 days from the effective date of termination of the lease.
- We understand that any extension or rescission of this notice must be in writing, signed by both parties, and a copy forwarded to the Housing Authority prior to the effective termination date of the lease.
- We understand that the owner must return any overpayment received from the Housing Authority. If overpayment monies are not returned, the Housing Authority will deduct the overpayment from any active contract it has with the owner, or proceed with the collection process.
- We understand that the resident is responsible for the **FULL CONTRACT RENT** if the resident remains in the unit after the effective termination date.

<b>Owner/Agent Name (please print):</b>	<b>Resident Name (please print):</b>
<b>Owner/Agent Signature:</b>	<b>Resident Signature:</b>
<b>Date:</b>	<b>Date:</b>
<b>Phone No:</b>	<b>Phone No:</b>