



818 S. FLORES ST. ① SAN ANTONIO, TEXAS 78204 ① www.saha.org

Assisted Housing Programs

LEASE TERMINATION AGREEMENT

Tenant _____ Owner _____

Address _____ Address _____

Telephone _____ Telephone _____

We, the above named tenant and owner, hereby mutually agree to terminate the lease between us for the property occupied by the tenant.

Effective date of termination: _____
(Date)

It is further agreed that the Housing Assistance Payments (HAP) being paid to both the owner and the tenant under this HAP Contract will cease as of the above effective date. It is understood that if a new HAP Contract is not executed, and should the tenant remain in the unit beyond this date, the tenant is responsible, in-full, for payment of all rent due.

If both parties agree to void the Lease Termination Agreement and the "Effective date of termination" has passed, a new HAP contract must be executed resulting in the completion of a recertification appointment, submission of moving packet, and passed inspection.

By signature below, the owner acknowledges that a claim for vacancy loss or damages may not be filed with the San Antonio Housing Authority.

(Tenant's Signature)

(Owner's Signature)

(Date)

(Date)

Any individual with a disability or other medical need who requires accommodation with respect to this correspondence should contact the San Antonio Housing Authority at (210) 477-6205.

Esta nota es muy importante. Si usted no comprende esta nota porque es escrito en inglés, por favor llame al (210) 477-6205 inmediatamente para asistencia.