



MOVE REQUEST

AGREEMENT FOR MUTUAL RESCISSION OF LEASE

1. **THIS AGREEMENT**, by _____ as landlord/owner, and _____ as resident/family; shall by mutual agreement fully completely rescind forever the lease executed by and between the parties. Resident/family hereunder agrees that the subject premises of said lease, _____ shall be vacated by the undersigned resident/family by _____, the _____ day of _____, 20_____.

2. **THE PROVISIONS of this agreement shall bind and ensure to the benefit of the Landlord/Owner**, resident/family, their respective successor(s), legal representatives and assignees.

3. **BY SIGNATURE BELOW, the landlord/owner agrees to the following:**

· *Should resident/family remain in the unit after the date of official rescission of the lease, said resident/family is responsible for any and all rent due.*

· *The landlord/owner is not entitled to any further housing assistance payments from the Lakeland Housing Authority for any period after the effective date of the rescission of lease agreement.*

· *The Housing Assistance Payments contract between the landlord/owner and the Lakeland Housing Authority is terminated as of the effective date of the rescission of the lease.*

4. **BY SIGNATURE BELOW, the resident/family agrees to the following:**

· *The resident/family is responsible for any and all rent due for any period after the effective date of the rescission of the lease if unit vacancy has not occurred by that date.*

· *The resident/family may not be issued a new Housing Voucher by the Lakeland Housing Authority for the purpose of moving to a new unit if any monies are owed to either the Landlord/owner or to the Lakeland Housing Authority*

· *The resident/family must vacate the premises by the effective date of the rescission of lease and is responsible for leaving the unit and premises in good and clean condition.*

5. **BY SIGNATURE BELOW, both parties hereto have read and do understand the terms and conditions contained herein.**

OWNER NAME: _____

By (Signature): _____

DATE: _____

FAMILY NAME: _____

By (Signature): _____

DATE: _____

******No payments are processed after date indicated on point #1. If tenant is still in unit after that date, please notify us in writing.***



Housing Choice Voucher Program

Mover's Clearance Release Form

TO BE COMPLETED BY LANDLORD

| | | | |
|---------------|--|-------------|--|
| LANDLORD NAME | | TELEPHONE # | |
|---------------|--|-------------|--|

| | | | |
|---------------------|--|--|--|
| UNIT STREET ADDRESS | | | |
|---------------------|--|--|--|

| | | | | | |
|------|--|-------|--|----------|--|
| CITY | | STATE | | ZIP CODE | |
|------|--|-------|--|----------|--|

| | | | |
|-------------|--|--|--|
| TENANT NAME | | | |
|-------------|--|--|--|

Please complete this form in order to release our client to move out of your unit. Thank you.

| | | | | |
|--|-----|--------------------------|----|--------------------------|
| The tenant named above is currently living in my unit: | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|--|-----|--------------------------|----|--------------------------|

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| If yes, has the tenant given written notice of vacating unit | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

| | |
|-------------------------------|----------------------|
| If no, tenant vacated unit on | <input type="text"/> |
|-------------------------------|----------------------|

| | | | | |
|---|-----|--------------------------|----|--------------------------|
| The tenant name above is current with their payment obligations | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
|---|-----|--------------------------|----|--------------------------|

If yes, please sign below releasing the tenant to move.

| | | |
|---|-------------------------------|----------------------|
| If no, please list amount(s) tenant owes: | Rent Amount | <input type="text"/> |
| | Maintenance/repair Amount(s) | <input type="text"/> |
| | Less Security Deposit Receive | <input type="text"/> |
| | Balance Owed | <input type="text"/> |

Landlord's Certification

Under penalty of perjury, I hereby certify that the information I have provided on this form is true and accurate. I further understand that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in prosecution for fraud.

| | |
|--------------------------------------|----------------------|
| Signature | <input type="text"/> |
| Name of Person Verifying Information | <input type="text"/> |
| Title of Person Signing | <input type="text"/> |
| Date | <input type="text"/> |

| | |
|-------------------------|----------------------|
| Name of Property Owner: | <input type="text"/> |
|-------------------------|----------------------|