



1954 E. Houston St., Suite 104, San Antonio, Texas 78202
(210) 225-0071 • Fax (210) 225-6976

LEASE TERMINATION AGREEMENT

Tenant: _____ Owner: _____

Address: _____ Address: _____

Phone Number: _____ Phone Number: _____

We, the above named tenant and owner, hereby mutually agree to terminate the Lease between us for the property occupied by the tenant as of:

MUST BE THE ENDING OF A MONTH

It is further agreed that Housing Assistance Payments under the HAP Contract to both the owner and tenant will cease as of the above termination 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.

Tenant Signature: _____

Date: _____



Owner Signature: _____

Date: _____



*Individuals needing assistance due to a hearing-impairment, please call Relay Texas at 7-1-1. Any individual with a disability who requires an accommodation to HABC's policies and/or procedures should contact this office at (210) 225-0071.
Si necesita ayuda en la traducción de este documento, llame al (210) 225-0071.*