



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.*