



MUTUAL TERMINATION NOTICE

We, Landlord and _____ (print tenant's name), do hereby give our notice to the Housing Choice Voucher Program that we are TERMINATING the LEASE effective _____.

We understand that the effective termination date must be the last day of the month.

We understand that it is our obligation to timely deliver a copy of this Notice to CMHA.

We understand that if the tenant lives in this unit after the above mutually agreed upon effective termination date, the rental arrangements will be solely between us unless an extension is approved in advance by CMHA.

We understand that all debts owed by the tenant to CMHA must be cleared before this termination notice will be honored.

We understand that **this action cannot be reversed without the landlord's written consent.**

We understand that a Mutual Termination of tenancy for the above listed address **requires**, the tenant to obtain their landlord's signature on this Notice and to maintain contact with the landlord regarding the status of their tenancy until it has ended.

Tenant's Signature

Date Signed

Tenant's Address

Please mark **only** if this item applies to you.

___ I am terminating the lease because I no longer wish to remain on the Housing Choice Voucher program.

CMHA will make no payments to the landlord after the effective termination date. However, if you decide to live in this unit after the effective termination date, you and your current Landlord may request, in writing, a cancellation or extension of the termination effective date.

Landlord Acknowledgement

My signature confirms that I have received this notice and agree to the termination of the above listed tenancy effective on the termination date listed above:

Landlord Name

Phone #

Landlord Address

Landlord Signature

Date Signed

FOR OFFICE USE ONLY
Date notice received in office: _____
Note: Date copy of Notice sent to Landlord _____