



# Lincoln Housing Authority

Equal Housing Opportunity

P.O. Box 5327 • 5700 R Street • Lincoln, Nebraska 68505

Date: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

RE: Section 8 Housing Assistance Payments Program  
Lincoln Housing Authority

The undersigned parties do hereby agree to terminate the Housing Assistance Payment Contract, effective \_\_\_\_\_, 20\_\_\_\_.(MUST be the last day of the month)

CAUTION! Before Owner and Tenant sign this form . . . .

The Housing Authority recommends:

- 1) The Tenant pay all past rent due, including this final month.
- 2) Owner and Tenant conduct an inspection of the unit now and at the end of the month for tenant damages.
- 3) Owner and Tenant make arrangements for the disposition of security deposit.

X \_\_\_\_\_  
Signature of - \_\_\_\_\_  
Date Signed \_\_\_\_\_  
Phone # \_\_\_\_\_

X \_\_\_\_\_  
Signature of - \_\_\_\_\_  
Owner/Leasing agent/ Manager for  
\_\_\_\_\_  
Date Signed \_\_\_\_\_  
Phone # \_\_\_\_\_

\_\_\_\_\_  
LHA REPRESENTATIVE  
Lincoln Housing Authority

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