

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\_\_\_\_.

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.

Family

Owner

Lincoln Housing Authority (PHA)

Rev 0203