

Lease Rescission Form

I, _____, hereby agree to accept a notice to vacate,
or a less than a thirty (30) day notice to vacate the premises from the present
tenant, _____ residing at
_____.

I further agree to terminate said Housing Assistance Payments Contract.

The above release and termination are to be effective_____.
(Date must be last day of month)

**Pickaway Metropolitan Housing
Authority Representative**

Date

Landlord/Owner/Agent

Date

Tenant

Date

Tenant

Date