

**AGREEMENT FOR MUTUAL RESCISSION OF LEASE**

THIS AGREEMENT, entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by and between \_\_\_\_\_

as Landlord/Owner, and \_\_\_\_\_

as Tenant (s) shall operate, by mutual agreement, and for the benefit of all the parties hereto,

to fully completely rescind forever the lease executed by and between the parties hereto on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and Tenant (s) hereunder agree (s) that

subject premises of said lease, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

shall be vacated by undersigned Tenant (s) by \_\_\_\_\_ o'clock

\_\_\_\_\_ a.m./\_\_\_\_\_ p.m. the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

IT IS HEREBY AGREED that all claims or demands of whatever kind of nature arising under or as a result of said lease or the occupation or letting of said premises are hereby fully released by the parties hereto; and the Owner is not entitled to vacancy loss payments from the HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY, as provided in Section 7. PHA Payment to owner (4) and e. (2) of the Housing Assistance Payments Contract.

LANDLORD: \_\_\_\_\_

TENANT: \_\_\_\_\_

BY: \_\_\_\_\_

DATE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email [dhcd-504@co.pg.md.us](mailto:dhcd-504@co.pg.md.us) for assistance.*

