

*Section 8 Housing Choice Voucher Program*  
2330 Ohio St  
Paducah KY 42003  
270.450-4239  
1.800.648.6056 (TTY for hearing Impaired only)  
Fax 270.408-2131

## Mutual Termination of Lease

DATE \_\_\_\_\_

Print Owner's Name \_\_\_\_\_

Print Tenant's Name \_\_\_\_\_

Please accept this verification as documentation of the mutual termination of the lease between the above listed owner and above listed tenant. We have agreed to terminate the lease effective \_\_\_\_\_.

The address of the unit is \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_.

I understand that any rent incurred by me after \_\_\_\_\_

will be a matter between me and my landlord.

Owner Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Tenant Forwarding address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note: This form should be used when a tenant plans to vacate a unit at the end of a 30-day notice and will lease another unit on the HCV program.**