Disaster Housing Assistance Program
DHAP-Sandy: State of New York

Mutual Rescission Agreement

Date _____ PHA Name _____

Head of Household _____ PHA Phone Number _____

Family's PHA Contact_____ Reviewer _____

This agreement, entered on this _____ day of _____, 20_____,
(day of month) (month) (year)
between _____ as Owner/Landlord and

_____ as Head of Household/Tenant

shall operate, by mutual agreement, and for the benefits of all parties to fully and completely rescind forever the lease

executed by and between the parties on _____, between Tenant and Landlord of the premises of
(date of lease)
said lease_____
(Unit address)

and shall be vacated by the Tenant on _____ day of _____, 20_____
(must be end of month) (month) (year)

Please be advised that this mutual rescission must be submitted to the PHA at least 30 days prior to requested move date.

Print Owner Name: _____

Owner Signature: _____

Date: _____

Print Tenant Name: _____

Tenant Signature: _____

Date: _____