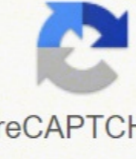


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**Open**

### Agreement for Mutual Rescission of Lease

This agreement between \_\_\_\_\_ as Landlord/Owner/Manager  
(Circle one), and \_\_\_\_\_ as Tenant(s) shall operate to fully and  
completely rescind the lease executed by and between the parties.

The Tenant(s) agree(s) to vacate the subject premises,

Street Address \_\_\_\_\_

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

By \_\_\_\_\_ o'clock a.m./p.m., the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

This agreement does not nullify the rights of either party as set out in the Montana  
Landlord/Tenant Act.

Landlord/Owner/Manager Signature and Date \_\_\_\_\_

Tenant Signature and Date \_\_\_\_\_

Co-Tenant Signature and Date \_\_\_\_\_

#### Attention: Owner/Manager

If you receive a Housing Assistance Payment (HAP) and you are  
Rescinding the Lease prior to the end of that month, you must return  
the pro-rated portion of the HAP to the Department of Commerce.

#### NOTICE OF INTENT TO VACATE / MOVE

(Notice that participant plans to move at the end of 30 days, required notice to landlord and housing authority.)

Date: \_\_\_\_\_  
Tenant Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Unit Address: \_\_\_\_\_

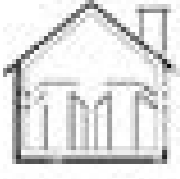
MOVE-OUT DATE: \_\_\_\_\_ (Must be the last day of the month)

Owner/Landlord Name: \_\_\_\_\_  
The landlord's signature below is confirmation that he/she has received the Notice to Vacate. The tenant's  
signature certifies that the Section 8 Participant family:

- Has provided a copy of this written 30-day notice to the landlord.
- Is not bound by a current lease agreement as of the Move-Out Date noted above.
- Will not owe to the landlord/owner any money for outstanding rent, deposits, damages, HOA fees, utilities, etc. at the time move-out.
- Will not owe any outstanding utility charges (electric, gas, water, sewer, trash), and will make arrangements with the utility company to pay the utility bill(s) that will cover the last month of residence at the time of move-out.
- Will vacate unit as of the Move-Out noted above and will return all keys and devices belonging to the landlord/owner no later than the Move-Out Date.
- Understands failure to meet the items listed above may mean the termination of the family's voucher.

Participant (Tenant) Signature \_\_\_\_\_ Date \_\_\_\_\_

Landlord Signature \_\_\_\_\_ Date \_\_\_\_\_



Area Housing Authority of the County of Ventura

1400 West Hillcrest Dr. Newbury Park, CA 91320-2721
(805) 480-9991 - FAX (805) 480-1021

Serving Camarillo, Fillmore, Moorpark, Ojai, Simi Valley, Thousand Oaks, and the unincorporated areas of Ventura County

Agreement for Mutual Rescission of the 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 parties heretofore, to fully and completely rescind forever the lease executed by and between the parties previously named on the lease effective \_\_\_\_\_ and Tenant(s) hereunder agree(s) that the subject premises of said lease, located at: \_\_\_\_\_ vacated by undersigned Tenant(s) by \_\_\_\_\_ o'clock a.m./p.m. the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

The parties to this agreement fully understand that:

- 1. The signing of this document terminates the Housing Assistance Payment Contract between the Landlord/Owner and the Area Housing Authority of the County of Ventura (AHA);
2. The Landlord/Owner is not entitled to any housing assistance payments after the mutually agreed upon terminations date as specified above;
3. Both Landlord/Owner and Tenant understand that should the Tenant not vacate the unit by the date specified, the Tenant will be responsible for the full amount of the rent;
4. The Landlord/Owner agreed to refund to Tenant(s) of Tenant's Security Deposit will be made by Landlord/Owner according to state or local law.

Signature of Landlord/Owner

Date

Signature of Tenant

Date



State of Nevada
Department of Business & Industry
Division of Insurance
RESCISSON REPORTING FORM FOR
LONG-TERM CARE INSURANCE CONTRACTS

Reporting Year: \_\_\_\_\_ Date: \_\_\_\_\_ Due: Annually on March 1
Company Name: \_\_\_\_\_
Address: \_\_\_\_\_
Phone and Email: \_\_\_\_\_

Instructions: The purpose of this form is to report all rescissions of long-term care insurance contracts or certificates. Those rescissions voluntarily effectuated by an insured are not required to be included in this report. Please furnish one form per rescission.

Table with columns: Contract# Form #, Contract# and Certificate #, Name of Insured, Date of Contract Issuance, Date of Claims Submitted, Date of Rescission

Detailed reason for rescission: \_\_\_\_\_

\*Contact Us: (702) 486-5320
Nevada's Division of Insurance

Reports are required by NAC 687B.004 to be submitted electronically via SERFF at
http://serff.com/nv/index.html (use POI "Required Industry Reports"). Related inquiries may be made to kshoff@doib.gov, or mailed to:
Department of Business and Industry
Division of Insurance - ATTN: Life and Health Section
1818 East College Parkway, Suite 103
Carson City, NV 89706



MUTUAL AGREEMENT FOR RESCISSON OF SECTION 8 CONTRACT AND LEASE

TENANT: \_\_\_\_\_ A/T: \_\_\_\_\_
LANDLORD: \_\_\_\_\_ SECTSR: \_\_\_\_\_
UNIT ADDRESS: \_\_\_\_\_

THIS AGREEMENT entered into between the Tenant and Owner/ Agent shall operate, by mutual agreement, and for the benefit of all the parties hereto, to fully rescind forever the Lease and Housing Assistance Payment Contract executed by the Tenant, Owner/Agent and Housing Authority.
This agreement shall become effective on \_\_\_\_\_ and the tenant(s) agree to vacate said unit by midnight of the same date or pay full rent as if said residing in the unit.
IT IS HEREBY AGREED that all claims or demands of whatever kind or nature arising under or as a result of said lease or the occupation or letting of said premises are hereby fully released from all parties involved.

Owner/ Agent Signature \_\_\_\_\_ Date \_\_\_\_\_
Tenant Signature \_\_\_\_\_ Date \_\_\_\_\_
Case Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

THE PURPOSE OF THIS AGREEMENT IS TO FULLY RESCIND THE CONTRACT AND LEASE BETWEEN THE PARTIES NAMED ABOVE, EFFECTIVE AS OF THE DATE SPECIFIED ABOVE. THE PARTIES TO THIS AGREEMENT FULLY UNDERSTAND THAT:
1. THE SIGNING OF THIS DOCUMENT TERMINATES THE HOUSING ASSISTANCE PAYMENT CONTRACT BETWEEN THE LANDLORD/OWNER AND THE AREA HOUSING AUTHORITY OF THE COUNTY OF VENTURA (AHA);
2. THE LANDLORD/OWNER IS NOT ENTITLED TO ANY HOUSING ASSISTANCE PAYMENTS AFTER THE MUTUALLY AGREED UPON TERMINATION DATE AS SPECIFIED ABOVE;
3. BOTH LANDLORD/OWNER AND TENANT UNDERSTAND THAT SHOULD THE TENANT NOT VACATE THE UNIT BY THE DATE SPECIFIED, THE TENANT WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF THE RENT;
4. THE LANDLORD/OWNER AGREED TO REFUND TO TENANT(S) OF TENANT'S SECURITY DEPOSIT WILL BE MADE BY LANDLORD/OWNER ACCORDING TO STATE OR LOCAL LAW.



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