



## Mutual Rescission of Housing Assistance Payment Contract and Assisted Lease/Rental Agreement

By your signatures below, this agreement mutually rescinds (ends) the current Housing Assistance Payments Contract (HAP Contract) and Assisted Lease or Rental Agreement.

### Tenant Family

Address of unit

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Landlord

Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Please check all that apply:

The family will remain in the unit under a new assisted lease.

The family will move out of the unit.

The family will remain in the unit but will be responsible for all of the rent due to the landlord.

**Under the current contract, the last day Housing Works owes a portion of rent to the landlord is \_\_\_\_\_**

#### Main Office:

405 SW 6<sup>th</sup> Street  
Redmond, OR 97756

**P)** 541-923-1018

**F)** 541-923-6441

**Text)** 541-286-5562

**Hours:** Mon to Thurs  
8am to 5pm

**Closed Friday**

[www.housing-works.org](http://www.housing-works.org)

#### Bend Satellite Office:

2017 NE Full Moon Dr.,  
Suite 100

Bend, OR 97701

**P)** 458-281-0813

**F)** 458-281-0815

**Text)** 541-286-5562

**Hours:** Tue, Wed, Thurs  
9am to 4pm

**Closed Monday & Friday**

[www.housing-works.org](http://www.housing-works.org)

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date