

MUTUAL TERMINATION AGREEMENT

The undersigned hereby agree to the following:

The Housing Assistance Payment Contract entered into between the owner,

, and the Housing Authority
Owner Name

of Clackamas County and the lease between said Owner and the Tenant

Tenant Name

for the property located at
Property Address

terminates on : Date

The Housing Authority of Clackamas County is released of any obligations to the owner for housing assistance payments beyond the above date under this contract. The tenant assumes full responsibility for rent after this date if they remain in the unit.

When the family moves out of the contract unit, the owner, subject to State and local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid rent, damages to the unit or other amounts that the tenant owes under the Lease.

The owner must give the tenant a written list of all items charged against the security deposit, and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must promptly refund the full amount of the unused balance to the tenant.

Housing Authority Representative _____ Date _____

Family _____ Date _____

Owner _____ Date _____

Please Note: Form must be printed and signed by all parties before submittal.