



HOUSING AUTHORITY OF THE COUNTY OF LOS ANGELES

CONTRACT TERMINATION EXTEND OR RESCIND FORM

Complete this form if:

- The participant chooses or is required to remain in the unit after the termination date (Contract Extension);
- The owner decides to cancel (rescind) the notice to move (Cancellation of Termination); or
- The participant decides not to move (Cancellation of Termination).

1. CHECK THE OPTION YOU ARE SELECTING IN REGARDS TO YOUR HAP CONTRACT



Contract Extension

The Participant (print name) _____ and Owner (print name) _____ agree to extend the HAP Contract for an additional thirty days to the date of _____.



Cancellation of Termination

The Participant (print name) _____ and Owner (print name) _____ agree to cancel the termination of the HAP Contract. The contract will continue under the existing terms and conditions.

2. PROVIDE ADDITIONAL INFORMATION

Tenant ID#: _____

Unit Address: _____

3. SIGN BELOW

Participant Signature

Date

Owner Signature

Date

4. SUBMIT TO THE HOUSING AUTHORITY BEFORE THE TERMINATION DATE

Housing Authority of the County of Los Angeles
12131 Telegraph Road • PO Box 2129
Santa Fe Springs, CA 90670