

TERMINATION ACKNOWLEDGEMENT FORM

I,, the owne (Print Name of Landlord)	er and / or manager of the
Property located at(Section 8 - unit address)	
(Section 8 - unit address)	
release the tenant (Print Name of Tenant)	at the above-
mentioned property from his / her Section 8 Lease as of: (Date of Release)	
We understand that the Section 8 Housing Assistance Payment will terminate as of the date of release. We encourage both parties to do a vacate inspection. All rent, utility payments, and other charges should be up to date. If damage or unpaid amounts are an issue, arrangements should be made to cover these costs. This will be considered proper notice to vacate the premises.	
Landlord's Signature	Date
Tenant's Signature	Date