



Saint Joseph County Housing Authority

107 W Center St PO Box 425 North Liberty, IN 46554

Phone: 574-656-3545 Fax: 574-804-1005 Email: office@sicha-in.com

Ingrid Reese, Executive Director

AGREEMENT FOR MUTUAL RECISSION OF LEASE

TENANT FULL NAME: _____

TENANT ADDRESS: _____

TENANT PHONE NUMBER: _____

TENANT E-MAIL: _____

THIS AGREEMENT, entered on this date _____ between the
owner/landlord, _____, does completely rescind, by mutual agreement,
(OWNER NAME)
forever the lease between the above listed owner/landlord and tenant for the unit at the address:

UNIT FULL ADDRESS: _____

The above listed premises will be vacated by the undersigned tenant by _____
(TIME)

a.m./p.m, on the date of _____.
(CIRCLE) (DATE)

In accordance with Indiana State Code a refund of the tenant security deposit will be made by the owner/landlord, if no damage claims are to be made against the tenant by the owner/landlord.

Owner/Landlord signature

Date

Tenant signature

Date

Additional adult signature

Date

SJCHA Representative signature

Date