



HOUSING AUTHORITY of CLACKAMAS COUNTY

P.O. BOX 1510 • 13930 SOUTH GAIN STREET • OREGON CITY, OR 97045-0510 503-655-8267 FAX: 503-655-8676 TDD: 503-655-8639

MUTUAL TERMINATION AGREEMENT

The undersigned hereby agree to the following:

The Housing Assistance Payment Contract entered into between the owner, _____, and the Clackamas County Housing Authority and lease between said Owner and the Tenant _____ for the property located at _____ terminates on _____.

The Clackamas County Housing Authority 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 tenant 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

*As agreed under the Housing Assistance Payment Contract, the Housing Authority will pay housing assistance payment through the month in which the family vacates the premises.