



**County of Albemarle**

Office of Housing  
5<sup>th</sup> Street, Suite B  
Charlottesville, VA 22902-6495  
Phone: (434) 296-5839; FAX (434) 293-0291

**AGREEMENT FOR MUTUAL RESCISSION OF LEASE**

LCN: \_\_\_\_\_

THIS AGREEMENT, executed the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between \_\_\_\_\_(OWNER) and \_\_\_\_\_(TENANT) shall by mutual agreement fully rescind forever the lease executed by and between the OWNER and the TENANT for the PROPERTY located at \_\_\_\_\_, on the first day of \_\_\_\_\_, 20\_\_\_\_. The TENANT agrees that the TENANTS shall vacate the PROPERTY by \_\_\_\_\_, the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

IT IS agreed that the owner is not entitled to vacancy loss payments from the Albemarle County Office of Housing if permitted per the Housing Assistance Payments Contract. The owner, in accordance with state and local law, will refund the TENANT'S security deposit.

\_\_\_\_\_  
Property Owner/Representative (*please print*)

\_\_\_\_\_  
Property Owner/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Name(s) (*please print*)

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date