



ACKNOWLEDGMENT OF A PROPER 30-DAY OR A MUTUAL TERMINATION NOTICE

«CURRENT_DATE»

«OWNER_NAME»

«OWNER_ADDRESS»

«OWNER_ADDRESS2»

«OWNER_CITY», «OWNER_STATE» «OWNER_ZIP»

RE: «FULL_NAME»«ADDRESS1», «CITY», «ST» «ZIPCODE»

Dear «OWNER_NAME»,

This letter is to confirm receipt of a copy of a

_____ Proper 30-day Notice

_____ Mutual Termination Notice

terminating the tenancy between you and «FULL_NAME». The assisted tenancy will be terminated effective _____, under the Section 8 Rental Assistance Voucher Program.

No further rental assistance payments will be made on behalf of «FULL_NAME» effective _____, since the Housing Assistance Payment Contract will be terminated as well. Please understand that HAP, Inc. is not responsible for any rental payment after effective termination date of the contract.

If you have any questions, please call me «STAFF_PHONE».

Sincerely,

«STAFF_NAME»

Housing Counselor
Rental Assistance Program

Cc: Tenant

NOTICE TO VACATE – MUTAL TERM / 07



322 Main Street, Suite 1, Springfield, MA 01105-2403 / 413-233-1500 / 800-332-9667
Fax: 413-731-8723 / TDD: 413-233-1699 / Rental Assistance Fax: 413-787-1797
20 Hampton Avenue, Northampton, MA 01060 / 413-584-8495 / 800-851-8495 / Fax: 413-586-3571
www.haphousing.org



HOUSING COUNSELING • RENTAL ASSISTANCE • HOUSING DEVELOPMENT • PROPERTY MANAGEMENT • HOMEOWNERSHIP • EMERGENCY AND TRANSITIONAL HOUSING

HAPHousing™ is a trademark of HAP, Inc., a private 501c3 nonprofit organization serving all of Hampden and Hampshire counties.