



PHILADELPHIA HOUSING AUTHORITY

OPENING DOORS TO OPPORTUNITIES

MUTUAL DISSOLUTION OF LEASE

The lease between _____ and
Client Name

_____ for an apartment at _____
Owner Name Address

_____, which was to end on _____

will be mutually dissolved effective on _____.

This form must be signed in the presence of a PHA staff person or Notary Public.

Signature of Client

Date

PHA Staff Signature

Date

Signature of Notary Public

Date

Name of Notary Public

Date Commission Expires

Signature of Owner

Date

PHA Staff Signature

Date

Signature of Notary Public

Date

Name of Notary Public

Date Commission Expires