



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY
HOUSING AND COMMUNITY DEVELOPMENT SERVICES
3989 RUFFIN ROAD, SAN DIEGO, CA 92123
(858) 694-4801 • FAX (858) 467-9713

AGREEMENT TO CHANGE ENDING TERM OF SECTION 8 EXISTING HOUSING PROGRAMS LEASE AND CONTRACT

Date: _____

Tenant Name: _____

Tenant Address: _____

Tenant City/State/Zip: _____

A 30-day notice has been received during the term of the lease. However, rental assistance cannot be transferred during the term of the lease unless both parties agree. In order for your assistance to be transferred, please complete this form with your landlord and return by _____. (Due Date)

By mutual agreement, there has been a change to the ending term of the existing lease for the unit at:
_____ (Tenant Address/City/State/Zip)

All parties agree that the "Lease" will terminate effective: _____. (Move Out Date)

According to the Housing Assistance Payments Contract, Section 4, the contract will end on the last day of the term of the "Lease". For that reason:

1. The Housing Authority of the County of San Diego (HACSD) will not make any assistance payments after the end of the lease term stated above, even if the family continues to occupy the contract unit, unless prior approval is obtained from the HACSD.
2. The HACSD shall not make any assistance payments for a vacant unit after the end of the lease term stated above, even if the family vacates the unit in violation of the lease.

Print Owner Name

Print Tenant Name

Signature

Signature

Title

Date

Date

Please Return This Form To:

Housing Representative

File Name

cc: Owner/Landlord