Housing Authority

2525 13th Street, Suite 204 • Boulder, Colorado 80304 • Tel: 303.441.3929 Fax: 720.564.2283
www.boulderhousing.org

HOUSING ASSISTANCE PROGRAMS STAFF LIST

Amanda Guthrie
Program Manager

Boulder Office
2525 13th St #204
P: 720.564.2280
F: 720.564.2283
aguthrie@
bouldercounty.org

Case Managers

Julia Grubb
Boulder Office
2525 13th St #204
P: 720.564.2287
F: 720.564.2283
jgrubb@
bouldercounty.org

Elissa Plancher
Boulder Office
2525 13th St #204
P: 720.564.2277
F: 720.564.2283
eplancher@
bouldercounty.org

Annette Reyes
Boulder Office
2525 13th St #204
P: 303.441.1542
F: 720.564.2283
areyes@
bouldercounty.org

Cheryl Sears
Longmont Office
1288 Alaska Ave.
P: 303.682.6735
F: 303.682.6736
csears@
bou org

EQUAL HOUSING OPPORTUNITY

HOUSING ASSISTANCE PROGRAMS
AGREEMENT FOR MUTUAL RESCISSION OF LEASE

This agreement, entered into this ____ day of _____, 20_____, by and between _____ as Landlord/Owner, and _____ as tenant(s) shall operate, by mutual agreement, and for the benefit of all the parties hereto, to fully completely rescind forever the lease executed by and between the parties hereto on the _____ day of _____, 20___; and tenant(s) hereunder agree(s) that the subject premises of said lease at: _____shall be vacated by the undersigned tenant(s) by _____ o'clock ( ) a.m./ ( ) p.m., on the ___ day of _____, 20____.

It is hereby agreed that all the claims or demands of whatever kind or nature arising under or as a result of said lease or the occupation or letting of said premises are hereby fully released by the parties (if applicable) hereto; and the owner is not entitled vacancy loss payments for the subject premises as provided in the housing assistance payment contract, and that a refund of tenant(s) security deposit will be made by Landlord/Owner according to state or local law.

_____ _____

Owner Signature Date Tenant/Head of Household Signature Date

Cindy Domenico *County Commissioner* **Deb Gardner** *County Commissioner* **Elise Jones** *County Commissioner*