

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155

TELEPHONE 781-396-7200
FAX 781-393-9223

TELEPHONE FOR THE DEAF
TTY 1-800-720-3480

Reinstatement of Lease

Please complete this form if you are extending the length of a previously existing lease that has recently been terminated by either the landlord or tenant. If a later move out date has been established by both landlord and tenant, they can complete this form with a new termination date. Please return this form to your Leased Housing Coordinator before the 18th of a given month to Reinststate HAP payment for the following month.

Tenant: _____ and the Landlord: _____

Agree to reinstate the lease at: _____
Address, City, State and Zip Code

Any termination of said lease which we may have agreed to is hereby null and void. This reinstatement shall be effective date of termination of the lease, and we further agree to be bound by the terms and conditions of the lease as if termination had never occurred.

Please check one of the choices below.

[] The new termination date is: _____
Last day of the month

[] The lease has been extended indefinitely. The tenant will not be permitted to move until proper notice is given.

Landlord Signature

Date

Tenant Signature

Date



EQUAL HOUSING OPPORTUNITY