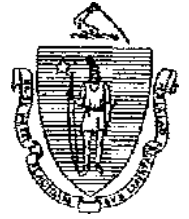




# FRAMINGHAM HOUSING AUTHORITY

1 John J. Brady Drive  
Framingham, MA 01702-2300



## REINSTATEMENT OF LEASE

**COMMISSIONERS:**

JANET LEOMBRUNO  
PHYLLIS A. MAY  
ROBERT L. MERUSI  
JANICE M. ROGERS  
STEPHEN P. STARR

PAUL LANDERS  
EXECUTIVE DIRECTOR  
TEL.: (508) 879-7562  
FAX: (508) 626-0252  
TTY RELAY SERVICE 711

The tenant \_\_\_\_\_ and  
(tenant name)

the property owner \_\_\_\_\_  
(property owner name)

agree to reinstate the lease for the rental of unit # \_\_\_\_\_ located at:

\_\_\_\_\_  
\_\_\_\_\_

Any termination of said lease which we previously agreed to is hereby null and void. This reinstatement shall be effective as of the date of the prior termination of the lease. We agree to be bound by the terms and conditions of the lease as if termination never occurred.

**Check One:**

\_\_\_\_\_The new termination date is: \_\_\_\_\_  
(Date)

\_\_\_\_\_The lease has been extended indefinitely. I/we understand that the lease is reinstated with its original terms and **the tenant may not relocate without new and proper notice or by mutual agreement.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature-Tenant

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**PLEASE RETURN THIS FORM BY THE 18<sup>th</sup> OF A GIVEN MONTH TO REINSTATE BY THE 1<sup>ST</sup> OF THE UPCOMING MONTH.**