



HOUSING AUTHORITY OF JACKSON COUNTY

2251 TABLE ROCK ROAD MEDFORD OR 97501
PH/TDD (541) 779-5785 FAX (541) 857-1118

VOLUNTARY TERMINATION OF HOUSING ASSISTANCE

Date:

Name:

Address:

City/State/Zip:

Mark One:

My entire household is leaving the Housing Choice Voucher Program

Only part of the household is leaving the program, the following people will remain in the program: _____

To whom it may concern:

I _____ hereby sign my name off the Housing Choice Voucher Program for the reasons stated below:

Effective _____ I will no longer be receiving assistance from the Housing Authority of Jackson County, Medford, OR.

I understand that I will need to re-apply and be put on the WAITING LIST if I desire to participate in the program at a later time.

TENANT NAME: _____

TENANT SIGNATURE: _____

FORWARD ADDRESS: _____
