



VOLUNTARY TERMINATION OF HOUSING ASSISTANCE

Date: _____
 HOH
 Name: _____
 Address: _____
 Email: _____
 Phone: _____

Mark One:

- My entire household is leaving the Housing Choice Voucher Program; or,
- Only part of the household is leaving the program; the following people will remain on the program and in the household:

To Whom It May Concern:

I _____ do hereby turn in my Voucher for the reasons stated below:

Effective _____ I no longer wish to participate nor receive assistance from the Housing Authority of Jackson County. I understand that I will need to re-apply and be put back on the WAITING LIST if I desire to participate in the program later.

TENANT SIGNATURE: _____ Date: _____

TENANT SIGNATURE: _____ Date: _____

TENANT SIGNATURE: _____ Date: _____

FORWARDING ADDRESS: _____

