



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

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Huntsville, AL 35801
Mail: P.O. Box 486
Huntsville, AL 35804

TEL: 256.539.0774 FAX: 256.539.5982 TDD: 800.545.1833, Ext 903

VOLUNTARY END OF PARTICIPATION

DATE:

NAME:

LAST 4 OF SSN:

PHONE #:

EMAIL:

ADDRESS:

LANDLORD/OWNER:

ADDRESS:

I would like to terminate my participation in the HCV Program effective ____ / ____ / ____ .

Reason I am ending my HCV Assistance:

- I or someone in my household is currently employed or receives other income, allowing us to cover housing expenses independently.
- I am buying a house.
- There is a change in my family composition. (Example: got married)
- I am moving for a new job or an educational opportunity.
- I am moving for health or medical reasons.
- I no longer want to work with Huntsville Housing Authority.
- Other: _____

Please describe your next living situation:

- I am buying a house.
- I will rent without rental assistance.
- I am transferring to Public Housing Program. (Provide a copy of this form to Public Housing.)
- I am moving into assisted living or a nursing home.
- I will receive housing assistance from a program other than Huntsville Housing Authority.
- I am moving in with family or friends.
- Other: _____

Forwarding Address: _____

PARTICIPANT CERTIFICATION

I/We understand by signing this request that my rental assistance will be terminated, and I will be responsible for paying the full rent to my landlord should I remain in the unit. I/We understand by signing this request that I will have to reapply for the Housing Choice Voucher Program when the waiting list opens.

Participant Signature:

Date: