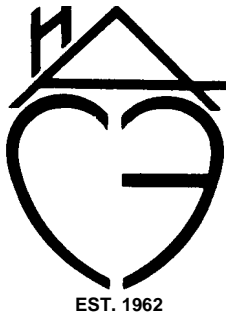


# HOUSING AUTHORITY CITY OF ELKHART

## Housing Choice Voucher Program



1396 Benham Avenue  
Elkhart, Indiana 46516

www.ehai.org

Ms. Terry Walker  
Executive Director

Phone 574-295-8393

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## VOLUNTARY WITHDRAWAL FROM HOUSING CHOICE VOUCHER PROGRAM

Date: \_\_\_\_\_

Head of Household Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notice Given to Landlord On: \_\_\_\_\_

Date Vacating the Unit: \_\_\_\_\_

Reason for leaving: **Purchasing a Home** \_\_\_\_\_ **Other** (please explain below) \_\_\_\_\_

Comments: \_\_\_\_\_

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### Please Read the Following:

I understand that by submitting this document I will no longer receive HCV Assistance. I further understand that if I want to receive future HCV Assistance, I must reapply for the waiting list and meet all eligibility requirements. If I leave the HCV program and owe any money, I understand that the debt must be satisfied. Future housing assistance may be withheld if past debts are not satisfied in full.

**Your signature below states that you have read and agreed to the above terms of terminating your HCV Assistance.**

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

All requests for withdrawal will be made effective on the earlier of the 1<sup>st</sup> day of the month following at least thirty (30) days notice to the owner, or the day the tenant vacates the unit.

