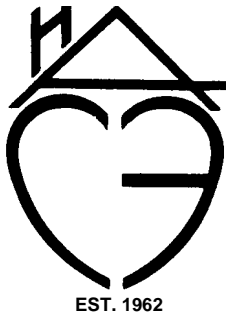


HOUSING AUTHORITY CITY OF ELKHART  
Housing Choice Voucher Program



1396 Benham Avenue  
Elkhart, Indiana 46516

www.ehai.org

Ms. Angelia Washington  
Executive Director

Phone 574-295-8392

Fax 574-293-0580

TTY 574-295-9682



**VOLUNTARY WITHDRAWAL FROM HOUSING CHOICE  
VOUCHER PROGRAM**

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

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

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

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

Date of Withdrawal: \_\_\_\_\_

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

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

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

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

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

**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.

