



Housing Authority of the City of Austin

Established in 1937

1124 South IH 35, Austin, TX 78704

P.O. Box 41119, Austin TX 78704

(512) 477-1314

Fax (512) 494-0686

NOTIFICATION OF VOLUNTARY WITHDRAWAL

Name _____ Date _____

Address _____

Phone _____

Soc Security # _____

To Whom It May Concern:

I have decided to voluntarily withdraw from the Housing Choice Voucher Program effective the last day of: _____ (month and year).

The primary reason for my decision is:

_____ I am buying a home.

_____ I am now able to pay my own rent due to my employment income.

_____ Illness

_____ Moved to a Nursing Home

_____ Other: _____

By signing this form, I understand that I will no longer receive rental assistance as of the above date.

I also understand that if I am moving out of my unit, I am responsible for notifying my landlord with a 30-day notice unless otherwise approved.

Signature

Date