



525 SOUTH LAWRENCE STREET
MONTGOMERY, ALABAMA 36104 - 4 6 1 1
PHONE: (334)-206-7200 WEBSITE: M H A T O D A Y . O R G

**Housing Choice Voucher Program
Voluntary Termination of Housing Assistance**

Date: _____

Client Name: _____
Client Number/SSN: _____
Unit Address: _____

This document serves as official notice that I am voluntarily removing myself from the Housing Voucher Program. I understand that by removing myself from the Housing Voucher Program, I will no longer receive housing assistance from the Montgomery Housing Authority (MHA). And if I should want to receive assistance will be required to reapply through the waitlist when open.

I certify that I have the authority and capacity to make this decision and to sign this document and that this decision is made voluntarily and knowledgeably.

Effective Date: _____

Reason for removal: _____

Client Signature

Date

MHA Staff

Date