

VOLUNTARY TERMINATION OF SECTION 8 HOUSING ASSISTANCE

I, _____, residing at _____,
Tenant Name Street Address

do hereby voluntarily request that my Housing Choice Voucher Assistance (Section 8) end and authorize the Macon-Bibb County Housing Authority to terminate said assistance. I understand that if, for any reason, I should remain in the unit past the date specified below, **I will be responsible for paying the entire amount of the contract rent to the Landlord.**

I understand that, according to the terms of my contract, I am required to provide a minimum of thirty (30) days advance notice to my Landlord and to the Macon-Bibb County Housing Authority. Therefore, I hereby request that my Housing Choice Voucher Assistance (Section 8) be ended effective on

(Date): _____ (date must be the last day of the month following 30 day notice).

I realize that it is my responsibility to notify my Landlord of my intent to vacate the unit on **(Date)** _____. I am aware that failure to give my Landlord a minimum of thirty (30) days advance notice is a violation of family obligation that may result in charges to my account.

I also understand that, once I sign and return this notice to Macon-Bibb County Housing Authority, a copy **MUST** be sent to the Landlord by Certified Mail unless the Landlord has signed below.

Participant's Signature/Phone Number

Date

Landlord's Signature

Date

Please return form to: **Section 8 Department
Macon-Bibb County Housing Authority
PO Box 4928
Macon GA 31208-4928**

FOR MHA USE ONLY:	
_____	Date Received by Admission/Recertification Specialist
_____	Date Voluntary Term Processed in Office & Mailed a copy to Participant
_____	Date Assistance to End