



VOLUNTARY TERMINATION OF SECTION 8 HOUSING ASSISTANCE

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

do hereby voluntarily request that my housing choice voucher assistance end and authorize the Macon 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 Housing Authority. Therefore, I hereby request that my housing choice voucher assistance be ended effective on (Date):
_____.

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, a copy will be sent to the Landlord.

Participant's Signature

Date

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

FOR MHA USE ONLY:

- _____ Date Notice Mailed to Participant
- _____ Date Received by Recertification Specialist
- _____ Date Notice Mailed to Landlord; Certified Mail # _____
- _____ Date Assistance to End