

Crawfordsville Housing Authority

Housing Choice Voucher Program

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Stacey L Doty

Executive Director

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 1st day of the month following at least thirty (30) days notice to the owner, or the day the tenant vacates the unit.

