

1000 Carthage Street P.O. Box 636 Sanford, NC 27331 919-776-7655 www.sha-nc.org

## HOUSING CHOICE VOUCHER PROGRAM

## NOTICE OF VOLUNTARY TERMINATION

This document is to confirm that I wish to voluntarily terminate my assistance with the Sanford Housing Authority Housing Choice Voucher Program. I understand that in order to be eligible for assistance again, I must re-apply for assistance when the HCV waitlist is open.

Participant Name

Participant Address

Participant Signature

Date