

NOTICE OF INTENT

I, _____, wish to continue assistance through the Housing Choice Voucher (Section 8) program.

Signature Date

Head of Household LAST 4 of Social Security number: _____

Spouse/Co-tenant Date

I, _____, no longer wish to receive assistance through the Housing Choice Voucher (Section 8) Program effective _____.

Signature Date

Head of Household LAST 4 of Social Security number: _____

Spouse/Co-tenant Date

Please note, failure to return this form 45 days prior to your recertification day, will enable CHA to terminate your assistance.