

HOUSING AUTHORITY OF THE COUNTY OF KERN

Voluntary Notice to Terminate Housing Assistance

Date: _____

Name: _____

Social Security Number: _____

This is my notice to voluntarily give up my housing assistance effective _____.
I understand that I will not be eligible to receive assistance until such time that the
Housing Authority of the County of Kern opens the Waiting List and I am eligible to re-
apply.

I have elected to:

- Remain in my current unit
- Give a 30-day notice to my current owner and move to another unit

Participant Signature

Housing Authority Representative Signature