

HOUSING AUTHORITY OF THE COUNTY OF KERN

VOLUNTARY NOTICE TO TERMINATE HOUSING ASSISTANCE

Please print all information

Date: _____

Participant's Name: _____

Last 4 digits of SSN: _____

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 (HACK) 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

Reasons I have elected this:

- Purchase my own home – Home Ownership
- Enter into Assisted Living facility
- Relocate out of the area
- Other: _____

Participant's Signature

HACK Representative's Name – Print

HACK Representative's Signature

