



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601

Telephone: (352) 754-4160
Fax: (352) 754-4168

NOTICE OF VOLUNTARY WITHDRAWAL

Voluntarily Giving Up Section 8 Voucher

This is to inform the Hernando County Housing Authority that I wish to withdraw from the Section 8 Housing Choice Voucher program. I understand that by completing this form, I am requesting that the Hernando County Housing Authority stop making Housing Assistance Payments (HAP) to my landlord. I understand that once this form is submitted, it cannot be rescinded.

Please make my withdrawal date effective: _____

Head of Household: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone #: _____

Signature of Head of Household

Date