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Housing Choice Voucher Voluntary Withdrawal Form

Date: _____

It is my desire to no longer receive rental assistance from Stark Metropolitan Housing

Authority's Housing Choice Voucher (Section 8) Program effective for:

(Month) _____ 30th or 31st 20 _____

In order to avoid any misconceptions or problems in the future, please document specifically your intentions regarding your desire to withdraw from the program in the space provided below. If you are returning this form by mail, please utilize the address listed above.

The reason(s) I wish to withdraw from the Housing Choice Voucher rental assistance program is as follows:

Tenant Signature

Date