

Housing Authority of the City of Reno

Section 8 Notice of Intent to Withdraw

Name of Head of Household:	Client #:
Address:	
Phone:	Email:
	draw my household from participation in the rental assistance roject-Based Voucher) effective on the date listed below.
Date giving up assistance:	
My new address (if applicable):	
Please initial:	
	ing Authority (RHA) will only assist me with my rent through has already paid my landlord for dates beyond that, I will be llord for that portion.
	ve date listed above, I cannot withdraw this request. If I change I will need to re-apply for assistance when the waiting list is
balance. I will be expected to repayment agreement, and any	repay the RHA, giving up my assistance does not resolve that repay the RHA for the overpaid assistance following my existing failure to abide by that agreement or fully repay the monies orward my balance to a collections agency for enforcement.
By typing my full name below, I am cunderstand my obligations regarding	ertifying the information on this form and stating I withdrawing from the program.
E-Signature:	Date: