The Housing Authority of the City of Bessemer

End of Participation-Housing Choice Voucher

I, _____, do certify I wish to terminate my voucher assistance with the Housing Authority of the City of Bessemer (BHA), effective _____.
(Date)

I understand by relinquishing my voucher; I am responsible for 100% rental payment beginning the first day of the next month. Additionally, I understand I will have to reapply through the application process if interested in receiving rental assistance in the future.

_____
Tenant

_____
Date

Subscribed and sworn before me this _____ day of _____, 20_____.

_____
Notary Public

My Commission Expires:_____

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