



REQUEST TO END PARTICIPATION

Attention: Terminations

PARTICIPANT/UNIT INFORMATION

Participant Name (print): _____ Date: _____

Social Security Number: _____ Email: _____

Home Telephone: _____ Work Telephone: _____

Unit Address: _____

City: _____ State: _____ Zip Code: _____

You must provide your landlord a written notice of your intent to end your participation with housing at least **30 days** in advance and in accordance with your lease requirements. If no date is specified on this request, your assistance will terminate at the end of the month this request is submitted.

End Date of Participation: _____ , _____
Month Day Year

Reason for Ending Participation: (Please print.)

Warning: 18 U.S.C. 1001 provides that whoever knowingly and willfully makes or uses a document or writing containing a false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or shall be imprisoned for not more than five years or both.

By signing below, I request to terminate my housing assistance. I acknowledge that the termination of my assistance will be final on the End Date of Participation provided above, and that SAHA will not reverse the termination at my request, thereafter. I understand that if I wish to receive housing assistance from SAHA in the future, I will be required to re-apply to be placed on SAHA's waiting list.

Signature: _____ Date: _____

Any individual with a disability or other medical need who requires an accommodation should contact the San Antonio Housing Authority at (210) 477-6262. Si usted no comprende esta nota porque es escrito en inglés, por favor llame al (210) 477-6262 inmediatamente para asistencia.