

REQUEST TO END PARTICIPATION

Attention: Terminations

PARTICIPANT / UNIT INFORMATION						
Participant Name (<i>print</i>):			Date:			
Last 4 of SSN:	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	(print):		
Warning: 18 U.S.C. 1001 provides that who	over knowingly and willfully m	akos or usos a document or	writing containing a falso, fictitiou

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 waitlist.

Signature:

Date:



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: **Michaelle Finch, 818 S. Flores, San Antonio, Texas 78204**.

SAHA 818 S. Flores St. San Antonio, TX 78204 210.477.6000 | saha.org