

Request To End Participation

ATTENTION: Terminations

Participant / Unit Information		
Date	Last 4 of SSN	
Participant Name (<i>print</i>)		
Home Telephone	Work Telephone	
Email Address		
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.

Date to End Participation	Month/Day/Year
Reason for Ending Participation (<i>print</i>)	

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 Opportunity Home will not reverse the termination at my request, thereafter. I understand that if I wish to receive housing assistance from Opportunity Home in the future, I will be required to re-apply to be placed on Opportunity Home's waitlist.

Signature

Date