



**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 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: \_\_\_\_\_

