



Housing Authority and Urban Renewal
Agency of Polk County

204 S.W. Walnut Avenue, Dallas, OR 97338

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www.wvpha.org

Notice to Relinquish Section 8 Voucher

I, _____, understand that I am **voluntarily** relinquishing my Section 8 Voucher effective: _____.

I understand that by giving up my Section 8 Voucher, I will no longer have rental assistance on the Section 8 Voucher program, nor will I be a client with the West Valley Housing Authority (HA).

I understand that the HA will no longer be paying any rent to my landlord on my behalf as of the date I have indicated above.

I understand that I may reapply to the waiting list at any time, as a new applicant, if the Housing Authority is accepting applications.

Please sign, date, and return this document to the HA office.

Head of Household

Date

Spouse/Co-Head or Other Adult

Date

FOR OFFICE USE ONLY

By receipt of this signed document, the Housing Assistance Payment contract has been terminated effective the date indicated above.

Received and processed by: _____

HA Staff Signature

_____ Date

