



CHATTANOOGA HOUSING AUTHORITY

Housing Choice Voucher Program

801 N Holtzclaw Avenue

Chattanooga, TN 37404

TEL: (423) 752-4866 FAX: (423) 752-4833

www.chahousing.org

PARTICIPANT'S REQUEST TO END PARTICIPATION IN THE HOUSING CHOICE VOUCHER PROGRAM

Date: _____

Name: _____

Phone Number: _____

Email: _____

PROPERTY ADDRESS: _____

LANDLORD/OWNER: _____

**THIS FORM MUST BE SIGNED BY BOTH THE PARTICIPANT AND THE
LANDLORD/OWNER OR IT WILL NOT BE ACCEPTED.**

By signing and submitting this form, I am requesting that my participation in the Housing Choice Voucher Program be terminated EFFECTIVE: _____

I understand by signing this request that my rental assistance will be terminated and I will be responsible for paying the full rent to my landlord should I remain in the unit.

Tenant signature: _____ **Date:** _____

Landlord/Owner signature: _____ **Date:** _____

Please make sure to bring your Photo Id: (a copy will be made and attached to this form by a CHA staff member)