

***PARTICIPANT REQUEST TO VOLUNTARILY  
DROP ASSISTANCE THROUGH THE  
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM***

I hereby request that my assistance through the Section 8 Housing Choice Voucher or the HOME Tenant Based Rental Assistance Program be dropped as of \_\_\_\_\_.

I understand that no rent will be paid by Conway Housing Authority after this date.

A copy of this form will be sent to my landlord.

*Signatures:*

\_\_\_\_\_  
Head of Household (Participant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative

\_\_\_\_\_  
Date