

(530) 895-4474
FAX (530) 894-8738
TDD/TTY (800) 735-2929
(800) 564-2999 Butte County Only
WEBSITE: www.butte-housing.com
2039 Forest Avenue • Chico, CA 95928

VOLUNTARY END OF PARTICIPATION FROM THE SECTION 8 PROGRAM

Date:			
Head of Household:			
Address			
City, State, Zip Code			
Phone #	()		
Social Security #	-	-	
	written notice that I want to the effective date of my terminate		
I understand that as o	f the effective date, I will be re-	sponsible for the full rent	amount.
Signature of Head of Hou	sehold	Date	
Signature of Spouse/Othe	r Adult Member	- Date	



