



Indianapolis Housing Agency  
 1935 North Meridian Street  
 Indianapolis, IN 46202  
 Phone: (317) 261-7200 Fax: (317) 261-7265

## REQUEST TO WITHDRAW HCV PROGRAM

### Client Information:

I would like to be withdrawn from the Housing Choice Voucher Program.

I certify that I have given a proper written 30-day notice of my intent to withdraw from the program to my current landlord.

I certify that I will be responsible for the entire rent amount as of the effective date of the approval.

I understand that once I have withdrawn myself from the Housing Choice Voucher Program, I must re-apply in order to receive assistance again in the future.

Client Signature \_\_\_\_\_ (Print Name) \_\_\_\_\_

SSN \_\_\_\_\_

Address (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Phone \_\_\_\_\_

Date you wish this to become effective: \_\_\_\_\_

Reason for Withdrawal:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

|                              |                      |
|------------------------------|----------------------|
| IHA Office Use               |                      |
| Approved? _____ Yes _____ No |                      |
| Caseworker: _____            | Date Processed _____ |
| Caseworker Signature: _____  |                      |