



Pender County Housing Department

Post Office Box 1149
805 South Walker Street
Burgaw, North Carolina 28425

Telephone: (910) 259-1208
FAX: (910)259-1343

(Date)

To Pender County Housing Department:

I, (print name) _____, am relinquishing (giving up)
the Section 8 Housing Choice Voucher effective _____ (Date to
stop payment) because I do want or do not need to participate in the
Housing Choice Voucher (HCV) Program after that date.

I understand that if I need rental assistance in the future, I must re-
apply to the program and will be placed on the Waiting List.

By my signature, I certify that this information is true and correct and
that I understand that no more rental assistance will be paid after the
date given above.

Signature of Head of Household

