



CARIBOU HOUSING AGENCY
Housing Choice Voucher Program

25 High Street
Caribou, ME 04736
Telephone: (207) 493-4234
Fax (207) 376-0178
www.cariboumaine.org



VOLUNTARY FORFEIT OF SECTION 8 HOUSING CHOICE VOUCHER

Head of Household: _____

Address: _____

City: _____ Phone Number: _____

I, _____, wish to terminate my participation with the Caribou Housing Agency Section 8 Program effective _____ 20____.

1. I am making this decision voluntarily
2. I understand that the change will be permanent, and I cannot request reinstatement of my eligibility. Should I need rental assistance in the future, I will have to reapply and be placed back on the waiting list according to my preferences.
3. I understand that the Housing Agency will terminate the Housing Assistance Payment (HAP) contract with my landlord and will stop making rental subsidy payments on my behalf, effective the date listed above.
4. If I owe money to the Caribou Housing Agency (such as a repayment agreement), I will continue to make such payments until the debt is zero.

Note: This is a major life decision. Please consult with family or friends as appropriate.

CERTIFICATION

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the United States.

x. _____
Signature of Section 8 Head of Household _____ Date _____

SURVEY (optional)

The Section 8 Voucher program is designed to provide short-term rental assistance. We are pleased to learn that the program has served your family. Please check the appropriate box(es) below that describe how you reached the decision to terminate your participation. Thank you,

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Achieved financial self-sufficiency | <input type="checkbox"/> Buying a home | <input type="checkbox"/> Marriage |
| <input type="checkbox"/> Joined another (Non-Section 8) household | <input type="checkbox"/> Moved into a care facility | |
| <input type="checkbox"/> Moved into a low-income unit that does not require Section 8 assistance (i.e. elderly/disabled housing) | | |
| <input type="checkbox"/> Other: _____ | | |