



Connecting people to homes, hope and opportunity. **Jennifer Westerman, CEO**

Request for Self-Termination

1. I wish to terminate my assistance with Housing Opportunities of SW WA. My last date of assistance will be _____. *This date MUST be the last day of the rental period (example: December 31, 2020 or February 28, 2021, etc.) No further assistance will be paid on your behalf after this date.*
2. I presently live at: _____

3. I will be moving out of this unit on or before (date): _____
-OR- I will not be moving.
4. I understand that to receive assistance again in the future, I must reapply to the waiting list.
5. I understand that any debt owed to HOSWWA must be paid in full prior to receiving any future assistance with any Housing Authority.
6. I am self-terminating my assistance because:
 - My family's needs have changed
 - My family is now over-income and no longer qualifies for assistance
 - My family is leaving the area
 - I am unsatisfied with the service provided by HOSWWA

Head of Household Signature

Date

Phone Number

Souse/Co-Head Signature

Date

Landlord Signature

Date

Self Term HCV Rev 7/2017