

FALL RIVER HOUSING AUTHORITY
1107 ROBESON STREET
P.O. BOX 989
FALL RIVER, MASSACHUSETTS 02722

TIMOTHY S. BARROW
INTERIM EXECUTIVE DIRECTOR

TELEPHONE (508) 675-3500
FAX (508) 677-1346
SECTION 8 FAX (508) 675-3435

Date: _____

To: Fall River Housing Authority

From: _____

Re: Forfeiting My Housing Choice Voucher

Please be advised that in giving up my Housing Choice Voucher I understand that if in the future I need any type of housing assistance at all, I am fully aware I need to re-apply for housing with the Fall River Housing Authority again.

By signing below I state that I fully understand and I am aware of the above.

Signature

Effective Date

Date

CC: Landlord