

**FALL RIVER HOUSING AUTHORITY**

**LEASED HOUSING DEPARTMENT**

**P.O. BOX 989**

**FALL RIVER, MASSACHUSETTS 02722**

TELEPHONE (508) 675-3595

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