



# Notice of Intent to Withdraw

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By submitting this form, I am informing Bloomington Housing Authority (BHA) that I wish to voluntarily withdraw from the Housing Choice Voucher Program effective \_\_\_\_/\_\_\_\_/\_\_\_\_.  
(Date of voluntary withdraw)

Head of Household Name: \_\_\_\_\_

Tenant Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address (if applicable): \_\_\_\_\_

Reason for Withdraw: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Head of Household name (printed): \_\_\_\_\_

Head of Household signature: \_\_\_\_\_ Date: \_\_\_\_\_