



Notice of Intent to Withdraw

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: _____

Head of Household name (printed): _____

Head of Household signature: _____ Date: _____

