

BIG STONE GAP REDEVELOPMENT & HOUSING AUTHORITY

PO Box 536
Big Stone Gap, VA 24219

Phone: 276-523-4788
Fax: 276-523-5141
bsgha@bsgha.org

FAMILY NOTICE OF VOUCHER TERMINATION

NAME: _____

ADDRESS: _____

TERMINATION DATE: _____

I, _____, hereby request to terminate my assistance and relinquish my voucher back to the BSGR&HA as of the date above.

Signature

Date

Signature

Date

BSGR&HA

Date