



**HOUSING AUTHORITY
OF ISLAND COUNTY**

7 N.W. 6th St. • Coupeville, WA 98239

(360) 678-4181 or 1-800-321-0686

FAX: (360) 678-6969

email: info@islandcountyha.org

Date: _____

I am moving from my residence located at _____
_____, WA on _____. I will not have any further
need of my Section 8 rental assistance after _____. Please terminate the
housing assistance payments which the Housing Authority is making on my behalf.

I understand if I need assistance in the future, I will have to re-apply for the Section 8 rental assistance
program when the Housing Authority re-opens its application process. If I do reapply, my application
will be placed on the waiting list without regard to my prior status as a voucher holder.

Signature

Printed Name; _____

Forwarding Address: _____
