



**HOUSING AUTHORITY OF BREVARD COUNTY**  
SECTION 8 HOUSING CHOICE VOUCHER PROGRAM  
1401 Guava Avenue, Melbourne, FL 32935  
Phone (321) 775-1592 \* Fax (321) 775-1549  
<http://www.habc.us>

CHIEF  
EXECUTIVE  
OFFICER  
  
Michael L. Bean

Housing Choice Voucher Program

**PARTICIPANT TERMINATION NOTIFICATION**

(Please Print)

I, \_\_\_\_\_, wish to voluntarily terminate my participation with  
(Client Name)  
the Section 8 Housing Choice Voucher Program effective \_\_\_\_\_

due to:

- ☐ I am relocating to another county/state.
- ☐ My household income has increased significantly.
- ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attached is a copy of the notification to my landlord regarding my termination of the  
Section 8 Housing Choice Voucher Program.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Landlord's Signature

\_\_\_\_\_  
Date

**(FORM MUST BE COMPLETED & SIGNED WITH ALL NEEDED DOCUMENTS ATTACHED)**

*HABC USE ONLY*

*LEASE END DATE:* \_\_\_\_\_

*NOTICE DATE:* \_\_\_\_\_



Equal Housing-Equal Employment