



Housing Authority of the  
County of Alameda

22941 Atherton Street, Hayward, CA 94541-6633  
Tel. 510.538.8876 TDD 510.727.8551 Fax 510.537.8236 [www.haca.net](http://www.haca.net)

---

## VOUCHER SURRENDER

Date: \_\_\_\_\_

Client No.: \_\_\_\_\_

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

I \_\_\_\_\_, request that my Section 8 assistance  
contract be terminated effective \_\_\_\_\_.

I understand that by making this request I surrender my Section 8 Voucher and if applicable,  
voluntarily waive my right to have a \$0 Housing Assistance Payment Contract for six (6) months  
permitted by the Section 8 Program regulations.

I understand that if I wish to receive Section 8 assistance in the future I must re-apply for the  
Section 8 program when the Housing Authority opens the wait list.

\_\_\_\_\_  
Signature (Head of household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

Housing Representative: \_\_\_\_\_