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An equal Opportunity
Employer

CITY OF EAST PROVIDENCE
East Providence Housing Authority
99 GOLDSMITH AVENUE
EAST PROVIDENCE, RI 02914-2240

Date:

NOTICE OF INTENT TO WITHDRAW

I, _____, currently residing at
_____, wish to relinquish
my Housing Choice Voucher and withdraw from the program effective
_____. I understand that if I require assistance in the future, I will have to
apply to a waiting list that is open. I also understand that I will be responsible for the
entire rent \$_____ in my unit.

If you have any questions, I can be contacted at:

Telephone # _____

Signed by: _____
Tenant Date

Received by: _____
EPA Representative Date