«LetterDate»

«LLName»

«LLAddress»

«ToName»

«MailAddress»

**RE: Voluntary Relinquishment of Voucher V-«control»**

(The above listed landlord was sent a copy of this letter)

Dear Tenant:

This letter confirms receipt of your notice regarding your intent to voluntarily relinquish your housing assistance through the **Santa Cruz «Program» Program.** Please be aware that by doing so, you waive your rights to later appearl this termination of assistance or to request an informal hearing. Voluntary relinquishment will not necessarily relieve a program participant of potential criminal charges or charges for overpaid subsidy.

If you notify the Housing Authority in writing within 10 days of the date of this letter, you may rescind your request to voluntarily give up your assistance. However, unless you notify us in writing that you have changed your mind by **«NoteDate»**, your assistance will be cancelled effective **«EndDate».**

Sincerely,

Eligibility and Occupancy Department

*If you have a disability which precludes you from complying with this letter, please call (831) 454-5955, Monday through Thursday between 8:00 AM - 4:30 PM. The office is closed on Fridays.*

*Si desea una traducción en español, por favor llame al (831) 454-5955, entre 8:00 AM - 4:30 PM de lunes a jueves. Los viernes la oficina se encuentra cerrada.*

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