



1400 North Reagan Street  
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## REQUEST TO END PARTICIPATION

PARTICIPANT/UNIT INFORMATION	
Date:	_____
Participant Name (print):	_____
Current Unit Address:	_____
Phone Number:	_____
Email:	_____

You must provide your landlord a written notice of your intent to end participation with the housing **at least 30/60 days** in advance with accordance to your lease requirements. If no date is specified on this request, your assistance will terminate at the end of the month this request is submitted.

End Date of Participation: \_\_\_\_\_  
Month                                  Date                                  Year

Reason for Ending participation (print):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I request to terminate my housing assistance. I acknowledge that the termination of my assistance will be final on the End Date Participation provided above and the SBHA will not reverse the termination at my request, thereafter. I understand that if I wish to receive housing assistance from SBHA in the future, I will be required to re-apply to be placed on SBHA's waitlist.

The San Benito Housing Authority is committed to compliance with Equal Housing Opportunity, the Fair Housing Act and the American with Disabilities Act. Reasonable accommodations and equal access to communications will be provided upon request.

