



Housing Choice Voucher Program
INTENT TO FORFEIT FORM

I, _____, current resident at _____
(Print Client Name & ID Number)

_____ and current participant in the Philadelphia Housing Authority’s Housing Choice Voucher (“HCV”) Program, freely and willingly, wish to forfeit my voucher and no longer participate in the HCV Program as of _____.

Reasoning for forfeit:

PHA Representative

Client

Signature

Signature

Date

Date

Witness

Signature

Date