

**END OF PARTICIPATION FORM**

Brownsville Housing Authority  
Housing Choice Voucher Program

Date of Report: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name of Participant \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

1. Ending date of lease: \_\_\_\_\_

2. Date tenant moved out: \_\_\_\_\_

3. Reason for move-out: \_\_\_\_\_ (check one)
- a. Family GFC exceeded gross rent
  - b. Evicted by owner for damages/non-payment of rent, other good cause
  - c. Mutual agreement
  - d. Other

Comments regarding Item \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Date move-out notice received from Participant: \_\_\_\_\_

8. New Address of former Participant: \_\_\_\_\_  
\_\_\_\_\_

9. Participant's liability to B.H.A. due to excess subsidies paid on behalf of participants  
\$ \_\_\_\_\_.

\_\_\_\_\_  
B.H.A Representative