



# Withdrawal Form

This form serves as official notice of voluntary withdrawal from the Baltimore Housing Mobility Program, which is administered by the Baltimore Regional Housing Partnership. By completing this form, I acknowledge that all Program benefits and services will end on the effective date listed. I may reapply in the future, without penalty, if the Program is accepting applications. Please complete all fields. Note: You may be contacted by BRHP about your withdrawal.

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## Head of Household Information

Fill in the information for the Head of Household.

Name	Last 4 Social Security #
Unit Address	
Forwarding Address	
Phone	Cell Phone
Email	

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## Effective Date

Write in the date you plan to leave the assisted unit.

Effective Date
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## Additional Information

Use this space to tell us why you are ending your participation in the Program.

- Home Purchase       Achieved Goal       Unit affordability       Other:

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Signature of Head of Household

Date