



GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

CERTIFICATE OF RELINQUISHMENT

I, _____ as head of household, am leasing a unit located at: _____ from _____ (Landlord's name). I am voluntarily relinquishing my voucher. I understand that if I wish to participate in this program in the future I must reapply and be placed on the Garfield County Housing Authority's wait list. I also understand my future participation is subject to eligibility and availability of funding.

I voluntarily relinquish my status as head of household under the Housing Choice Voucher Program effective: _____ (date).

Signature of Head of Household

Date

Signature of Landlord

Date

Approval by Housing Authority

Date



Warning: Section 1001 of Title 18 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

