

Commissioners
Shawnelle Gross, Chair
Terri Sinnott-Chardukian, Vice Chair
David. O. Hughes, Treasurer
Charles LeMay, Commissioner
Steven Chalmers, Commissioner

CERTIFICATION OF SELF-TERMINATION

Tenant Name: _____

To The Kenosha Housing Authority:

As of _____, I wish to have my assistance under the
(Date)
Section 8 Program terminated. The reason for self-termination is: _____

Signature: _____ Date: _____

*If you are disabled or you need assistance in completing the attached form,
please contact your Housing Specialist for assistance at: (262) 653-4120*

