CommunityDevelopmentAuthority

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SECTION 8 HOUSING CHOICE VOUCHER BRIEFING CERTIFICATE

By signing this document, I acknowledge that I have viewed the Section 8 Housing Voucher Briefing video and reviewed the program materials. I acknowledge that all pertinent Section 8 regulations were explained in the voucher briefing video. I confirm that I will abide by all Section 8 rules and regulations and understand that if not followed, I may be terminated from the Section 8 voucher program. If I have any additional questions after receiving my voucher documents, I will reach out to the assigned CDA Housing Specialist listed on my voucher documentation.

I would like to receive my voucher documents by (CHOOSE ONE):

- Email (please provide email address

  _____

- US mail (please provide address)

  _____

  _____

  _____

_____

Print name

_____

Sign name

_____

Date

Return both documents to:
Mail: PO Box 1785 Madison, WI 53703-1785
Email: CDABriefings@cityofmadison.com
Fax: 608-264-9291