



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:

- ☐ 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