

**PA CDBG-DR BUYOUT PROGRAM  
HOMEOWNER LETTER OF WITHDRAWAL**

I/we no longer wish to participate in the Pennsylvania CDBG-DR Buyout Program and voluntarily withdraw our property from the program:

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Property Address

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City State Zip

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Owner Name (s) Signature (s) Date

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Co-Owner Name (s) Signature (s) Date

Are you signing as an agent with the Power of Attorney for an applicant?  YES  NO

If signing as agent with Power of Attorney (POA):

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Agent Name Signature Date

Acknowledgement of Municipality/Sub-Grantee:

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Applicant Agent Name Signature Date

Please submit to [RA-Shazmitoff@pa.gov](mailto:RA-Shazmitoff@pa.gov) and keep a copy for your records.