

Change Of Family Composition Packet | Remove A Member Instructions

In an effort to ensure you and your household are served in a timely manner, we are requesting that you completely fill out and sign every document in the enclosed packet **within 10 business days**.

NOTE: Failure to report a change of income or household composition in writing within 10 business days of the change could result in termination of your housing assistance.

To remove a member of your household, you must enclose the following:

- Statement providing new address information for each household member being removed

Complete and return all the attached forms:

- Remove a Household Member Form (must be completed by Head of Household and signed by Head of Household)
- Statement with the change you are requesting (must be completed by Head of Household)

FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION MAY DELAY YOUR REQUEST TO ADD A MEMBER TO YOUR HOUSEHOLD.



A COMMUNITY OF POSSIBILITIES

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Change Of Household Composition | Remove A Member

Head of Household Information

Head of Household Name

Date

Last 4 of SSN

Email

Home Phone

Cell Phone

Address

City

State

Zip Code

1. Household Member Being Removed From The Unit

Name

Move-Out Date

Relationship to Head of Household

Email

Home Phone

Cell Phone

New Address (If unknown, N/A)

City

State

Zip Code

Signature (household members age 18 and up ONLY)

Date

2. Household Member Being Removed From The Unit (If Applicable)

Name		Move-Out Date
Relationship to Head of Household		
Email		
Home Phone	Cell Phone	
New Address (If unknown, N/A)		
City	State	Zip Code
Signature (household members age 18 and up ONLY)		Date

3. Household Member Being Removed From The Unit (If Applicable)

Name		Move-Out Date
Relationship to Head of Household		
Email		
Home Phone	Cell Phone	
New Address (If unknown, N/A)		
City	State	Zip Code
Signature (household members age 18 and up ONLY)		Date

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document in writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

By signing below, I am certifying under penalty of perjury that the information above is true and correct.

Head of Household Signature

Date

Statement Form

Name (please print)		Date
Telephone	Last 4 of SSN (if program applicant/participant)	
Email		
Unit Address		
City	State	Zip

Statement (please print):

Warning: 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document in writing containing false, fictitious or fraudulent statements or entries in any matter within the jurisdiction of a department or an agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

By signing below, I am certifying under penalty of perjury that the information above is true and correct.

_____	_____
Signature	Date

Formulario De Declaración

Nombre (favor de imprimir)		Fecha
Ultimos 4 numeros de la seguridad social (solicitante / participante del programa)		
Correo Electrónico		Teléfono
Dirección de la Unidad		
Ciudad	Estado	Cód. Postal

Declaración (Favor De Imprimir):

Advertencia: 18 U.S.C. 1001 establece, entre otras cosas, que quien con conocimiento e intencionalmente haga o use un documento por escrito que contenga declaraciones o entradas falsas, ficticias o fraudulentas en cualquier asunto dentro de la jurisdicción de un departamento o una agencia de los Estados Unidos no será multado más que \$10,000 o encarcelados por no más de cinco años o ambos.

Al firmar más abajo, certifico que la información arriba mencionada es verídica y correcta.

Firma	Fecha
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