

Change Of Household Composition Packet | Instructions To Remove A Member

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 days.

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

Please complete and submit the Change of Family Composition Removal form using one of the following methods:

- **Fax:** (210) 477-6206
- **Email:** HCVchanges@homesa.org
- **Mail to the following address:**

Opportunity Home San Antonio
ATTN: Assisted Housing Programs, COFC
818 S. Flores St.
San Antonio, TX 78204

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

Change Of Household Composition – Remove A Member

Head Of Household Information

Date

Last 4 of SSN

Head of Household Name

Email

Home Phone

Cell Phone

Address

City

State

Zip Code

Household Member Being Removed From The Unit

Name

Email

Move Out Date

New Address (if unknown, N/A)

City

State

Zip Code

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