

HOUSING CHOICE VOUCHER HOUSEHOLD CHANGE FORM REQUEST TO **REMOVE** MEMBERS

CSS#

Please complete the following form to remove one or more members from your household. Household removals must be reported within 10 business days.

Head of Household: _____ Ph No: _____ Tenant ID: _____

PART 1: HOUSEHOLD INFORMATION

Please list the adult(s) who are being removed from the household.

ADULTS (Age 18 or Older) Full Legal Name	Social Security Number	Relation to Head of Household (Check Box)	Move Out Date
		<input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Live-In <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Other Adult	
		<input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Live-In <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Other Adult	
		<input type="checkbox"/> Head <input type="checkbox"/> Co-Head <input type="checkbox"/> Spouse <input type="checkbox"/> Live-In <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Other Adult	

Please list the child/children who are being removed from the household

CHILDREN (Under 18 Yrs) Full Legal Name	Social Security Number	Relation to Head of Household (Check Box)	Move Out Date
		<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child	
		<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child	
		<input type="checkbox"/> Youth under 18 <input type="checkbox"/> Foster Child	

PART 2: PROOF OF REMOVAL

If you are removing an adult(s) from the household you **MUST** provide a notarized statement that provides the following:

1. The date the adult(s) moved out of the unit
2. The new address of the adult(s)

PART 3: TENANT & AGENCY CERTIFICATION

I certify that the information given to ICS on household composition, income, assets, and deductions is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law. I also understand that false statements or information are grounds for termination of housing assistance.

Signature of Head of Household: _____ Date: _____

I certify that this tenant's eligibility, rent and assistance payment have been computed in accordance with HUD's regulations and administrative procedures and that all required verifications were obtained.

Signature of Agency Specialist: _____ Date: _____