



CHANGE OF HOUSEHOLD COMPOSITION REMOVAL OF HOUSEHOLD MEMBER

Date/Time Stamp: _____

Name of Head of Household: _____

Address: _____

If a family member no longer resides in the unit, the family must notify LHAND within the following number of days from the date of the occurrence:

- Federal HCV and PH: 10 business days
- DHCD HCV: 15 business days
- State PH, AHVP and MRVP: 30 days

To remove a family member, the family must provide the individual's forwarding address and verification that the family member has moved out.

Acceptable forms of Verification:

- Valid Driver's License or state ID with the new address
- Letter from a government agency with the new address
- Deed or rental agreement with the new address
- A certification from the family member who has moved.
- A pay stub with the new address
- A utility bill with the new address
- Verification from a Nursing Home
- A Death Certificate
- If the Head of Household is no longer in contact with the removed Household member(s), the Head of Household may provide written verification of the Household member's departure. Include in the Notes below the reason why the Household member cannot provide documentation and any contact information, if known.

	Name	Relationship	Move-Out Date	Reason For The Removal
1				
2				
3				

Forwarding Address #1: _____

Verification Method #1: _____

Forwarding Address #2: _____

Verification Method #2: _____

Forwarding Address #3: _____

Verification Method #3: _____

***If these steps are not completed, the member will not be removed from your household. If the member has income, the income will continue to be counted towards your rent amount. If changes are not reported in a timely manner you could be terminated from the Housing Program.**

I certify that the information given to the LHAND on the removal of the household member(s) is accurate. I understand that false statements or information are punishable under federal and state laws and are grounds for termination of housing assistance and termination of tenancy.

Head of Household: _____
Name and Signature _____ Date _____

Reviewed by LHAND: _____
Name and Signature _____ Date _____

Notes: _____

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