



This form is available in alternate formats by request.

# Housing & Community Development

## Remove Member from Household Composition

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I wish to remove the following member from my household:

Name: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

New Address of Member: \_\_\_\_\_  
\_\_\_\_\_

Current Telephone Number(s) of Member: \_\_\_\_\_

Reason for Removal of Member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please be advised that you will be receiving an appointment to update your file.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WARNING STATEMENT: Title 18, Section 1001, of the United States Code states that a person is GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS to any department or agency of the United States. MAKING FALSE STATEMENTS IS ALSO A FELONY UNDER THE LAWS OF THIS STATE.

HCHCD Staff Use Only

Appointment Date & Time: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_