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: _____