

## **CHANGE OF HOUSEHOLD COMPOSITION PACKET: INSTRUCTIONS TO REMOVE A MEMBER**

Participant:

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.

**To remove a member of your household, you must enclose the following:**

- a. Statement providing new address information for each household member being removed

**Complete and return all the attached forms:**

- a. COFC Removal Form
- b. Statement stating the change you are requesting

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	
Head of Household Name: _____	Date: _____
Last 4 of SSN: _____	Email: _____
Home Phone: _____	Cell Phone: _____
Address: _____	City, St Zip: _____

Household Member Being Removed From The Unit	
Name: _____	Move-Out Date: _____
New Address (if unknown, N/A): _____	
City: _____	State: _____ Zip Code: _____
Contact Phone: _____	Email: _____

**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**

