

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

Completed Change of Family Composition forms must be submitted using one of the following methods:

- **Fax:** (210) 477-6206
- Email: HCVchanges@saha.org
- Mail to the following address:

San Antonio Housing Authority

ATTN: Assisted Housing Programs, COFC 818 S. Flores St. San Antonio, TX 78204

FAILURE TO SUBMIT THE REQUIRED DOCUMENTATION MAY DELAY YOUR REQUEST TO REMOVE A MEMBER TO YOUR HOUSEHOLD.



The following person has been designated to coordinate compliance with the nondiscrimination requirement contained in HUD's regulations implementing Section 504: Michaelle Finch, 818 S. Flores, San Antonio, Texas 78204.

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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:	
	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



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