HOUSING AUTHORITY

OF THE COUNTY OF SANTA CRUZ

REQUEST TO REMOVE MEMBERS FROM THE HOUSEHOLD

PLEASE COMPLETE THE FOLLOWING FORM TO REMOVE ONE OR MORE MEMBERS FROM YOUR HOUSEHOLD. YOU ARE REQUIRED TO SUBMIT THIS FORM TO THE HOUSING AUTHORITY WITHIN 14 CALENDAR DAYS OF THE DATE OF THE MOVE OUT.

Full Legal Name of Head of Household: _____ Tenant ID: _____

I. MEMBERS TO BE REMOVED

List **all persons** who you would like to remove from your household.

A. Adults (age 18 or older) Full Legal Name as appears on Social Security Card *(Sample: Sue Ann Smith)*	Social Security Number *(123-45-6789)*	Relation to Head of Household *(Spouse)*	Date of Move Out *(01/09/2008)*	Address where the removed household member is moving (or has moved) *(55 Main Street, City State Zip Code)*
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B. Children (under 18 yrs) Full Legal Name as appears on Social Security Card *(Sample: John Matthew Smith)*	Social Security Number *(123-45-6789)*	Relation to Head of Household *(Son)*	Date of Move Out *(01/09/2008)*	Address where the removed household member is moving (or has moved) *(55 Main Street, City State Zip Code)*
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By signing this form, I certify that the above information is true, correct, and complete and will be relied upon for purposes of determining my level of assistance in a federal housing program. Any misstatement or false statement may result in denial / loss of assistance. In addition, I understand that any misrepresentation in my statements may be considered to be fraud and I may be required to repay all assistance overpaid on behalf of my family.

WARNING – TITLE 18 SECTION 1001 OF THE UNITED STATES CODE STATES THAT ANY PERSON WOULD BE GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

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Print Head of Household Name Signature Date