

## **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.



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



**CHANGE OF HOUSEHOLD COMPOSITION – REMOVE A MEMBER FORM**

**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: \_\_\_\_\_

**By signing below, I certify the information provided is true and correct. I understand that giving false or inaccurate information may jeopardize my eligibility to receive future assistance.**

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date





### STATEMENT FORM

Name (*please print*): \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Last 4 of SSN (if program applicant/participant): \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Statement (*please print*):

**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 certify under penalty of perjury that the information above is true and correct.**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**



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