HOUSING CHOICE VOUCHER HOUSEHOLD CHANGE FORM
REQUEST TO ***REMOVE*** MEMBER(S)

Please complete the following form to remove one or more members from your household. Household removals must be reported within 10 business days.

Head of Household: _____ Ph No: _____ Tenant ID: _____

PART 1: HOUSEHOLD INFORMATION

Please list the adult(s) who are being removed from the household.

ADULTS (Age 18 or Older) Full Legal Name	Social Security Number	Relation to Head of Household (Check Box)	Move Out Date
		☐ Head ☐ Co-Head ☐ Spouse ☐ Live-In ☐ Full-Time Student ☐ Other Adult	
		☐ Head ☐ Co-Head ☐ Spouse ☐ Live-In ☐ Full-Time Student ☐ Other Adult	
		☐ Head ☐ Co-Head ☐ Spouse ☐ Live-In ☐ Full-Time Student ☐ Other Adult	

Please list the child/children who are being removed from the household

CHILDREN (Under 18 Yrs) Full Legal Name	Social Security Number	Relation to Head of Household (Check Box)	Move Out Date
		☐ Youth under 18 ☐ Foster Child	
		☐ Youth under 18 ☐ Foster Child	
		☐ Youth under 18 ☐ Foster Child	

PART 2: PROOF OF REMOVAL

If you are removing an adult(s) from the household you MUST provide the following information:

1. The date the adult(s) moved out of the unit: _____
2. The new address of the adult(s): _____

PART 3: TENANT & AGENCY CERTIFICATION

I certify that the information given to BCHA about household composition (who lives in the household), income, assets, and deductions is accurate and complete to the best of my knowledge. I understand that false statements or information are punishable under Federal law. I also understand that false statements or intentionally incomplete information are grounds for termination of housing assistance and/or repayment of Housing Assistance Payments that were overpaid as a result of false or intentionally incomplete information.

Signature of Head of Household: _____ Date: _____