



Growing Communities One Family At A Time
For More Than 70 Years

Housing Choice Voucher Program

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Huntsville, AL 35801
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Huntsville, AL 35804

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REQUEST TO REMOVE A HOUSEHOLD MEMBER

Program Requirements:

- Notify Huntsville Housing Authority within 10 business days if any family member leaves the household or will be away for 30 days or more.

Note: Adult family members who are permanently removed may not return to the household unless:

- *In a spousal-type relationship with the head of household, or*
- *To provide live-in care for another family member who is elderly or has disabilities.*

Instructions:

- Information or verification received after the 15th of the month will be processed the following month.

Head of Household Name:

Last 4 digits of SSN:

Address:

Phone:

Email Address:

Name of Household Member who left:

Date they left:

- Incarcerated:** In jail, or expected to be in jail, for 30 days or more.
- Permanently Absent:** Away, or expected to be away, for 180 days or more, deceased.

New Address:

Phone:

- Temporarily Absent:** Away, or expected to be away, for less than 180 days.

*Income for Family Members who are temporarily absent **will not** be removed from household income.*

Date of return:

Verification of return date attached? Yes No

Participant Certification

I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that Huntsville Housing Authority is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under Federal law.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Signature of Head of Household:

Date:

Signature of Other Adult:

Date:

Signature of Other Adult:

Date:

Signature of Other Adult:

Date:

Signature of Other Adult:

Date: