



Section 8 Household Member Removal Form – Head, Co-Head, or Spouse

Name of Head of Household: _____ Client #: _____

Address: _____

Phone: _____

Email: _____

IMPORTANT: This form is to be completed by the person moving out of the assisted unit if they are the Head of Household, the Co-Head of Household, or the Spouse. If you are the Head of Household and you are removing a minor or an “Other Adult”, please complete the Section 8 Household Member Removal Form – Minor or Other Adult.

Name of person(s) who moved out: _____

Date I moved out: _____

My new address: _____

After the date listed above, I may no longer receive mail at the assisted unit. If this address is currently listed on my ID, I need to go to the DMV to update it to my new address. The RHA may conduct a postal investigation to ensure that only approved household members are receiving mail at the assisted unit. Receipt of a positive postal verification for me at the assisted unit’s address may result in the RHA beginning the process to terminate the household’s assistance.

After the date listed above, I may not withdraw this request. If I decide to move back into the assisted unit, the Head of Household and I must complete the Request to Add Member to household form and provide all documentation as if I had never been a part of the household.

Per the Section 8 Administrative Plan (section 16.2.1), a reduction in household size may require a reduction in the voucher size. This reduction, if necessary, will take effect 30 days after the submission of this form on the first of the following month. If you failed to report this change within the required 30 days, you may be charged for any overpaid rental assistance.

By typing my full name below, I am certifying the information on this form and stating I understand my obligations regarding removing myself from the household.

E-Signature: _____

Date: _____