



## REMOVING HOUSEHOLD MEMBER

Client#: \_\_\_\_\_

### FROM MY APPLICATION:

\_\_\_\_\_ I am removing \_\_\_\_\_ from my housing assistance  
Initial application.

\_\_\_\_\_ I understand that once \_\_\_\_\_ is removed from my  
Initial housing assistance application, they cannot move back into my household  
without the prior approval of the Reno Housing Authority (RHA).

\_\_\_\_\_ I understand if \_\_\_\_\_ moves back into my household  
Initial without the prior approval of the RHA after I receive subsidized housing  
assistance, RHA may start the termination of my subsidized housing assistance  
for an unauthorized occupant in the household.

### FROM MY CURRENT LEASE AGREEMENT:

\_\_\_\_\_ \_\_\_\_\_ is listed on my current lease. They will not be  
Initial moving with me or remaining in my unit when I receive subsidized housing  
assistance.

\_\_\_\_\_ I understand that if \_\_\_\_\_ moves with me or remains  
Initial in my unit without the prior approval of the RHA after receiving my subsidized  
housing assistance, RHA may start the termination of my subsidized housing  
assistance for an unauthorized occupant in the household.

\_\_\_\_\_  
Applicant Signature Printed Name Date

\_\_\_\_\_  
Witness Signature Date

If you are a person with a disability who requires a special accommodation in order to have equal access to any RHA program, please contact our office. If you are a person with limited English proficiency, contact our office to receive assistance in your preferred language.



*Por favor contacte la Autoridad de Viviendas de Reno si usted necesita este documento traducido o si usted tiene alguna pregunta. Si usted es una persona discapacitada que necesita una acomodacion especial, para poder tener igual acceso a los Programas de RHA, por favor contacte a nuestra oficina. Si usted es una persona con limitado language en Inglés, por favor contacte nuestra oficina, para recibir asistencia en su language de preferencia.*