



REQUEST TO REMOVE FAMILY MEMBER FROM VOUCHER

Chris Pisani
Acting Executive Director

Nick Lombardi
Chairman

Robert G. Wiedenmann
Vice Chairman

Frank Stellato
Commissioner

Shelby P. Jackson III
Commissioner

Barbara Geary
Tenant Commissioner

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

PHONE: _____

Please complete the following request form to remove family member.

Name of the person you are requesting to remove: _____

Relationship to you: _____

Date of birth: _____

SS# _____

What income does this person have? _____

Current address of person you are requesting to remove? _____

Please attach documentation of the residence location the person is moving to (example: lease, new state issued I.D. or Change of Address Form from the USPS).

If the individual is a minor (under the age of 18) please provide court documentation of new guardian.

Signature of Head of Household: _____ Date: _____

Warning Title 18, Section 1001 of the United States Code, state that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.