



# **Notification of Family Member Move-Out**

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*Please complete this form and submit it to your BHA representative immediately in the event that any family member(s) move out of your housing unit.*

**Date:** \_\_\_\_\_

**Head of Household:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. No:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

*Please answer the following questions:*

**Name of family member who moved:** \_\_\_\_\_

**Date that the family member moved:** \_\_\_\_\_

**What is the address this person is moving to?**

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