

NOTIFICATION OF FAMILY MEMBER MOVE-OUT

Instruction: Please complete this form and submit it to your HA 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 _____

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?

What is the telephone number of the place this person is moving to?
