



Division of Tenant Resources

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)
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FORM 3. REQUEST TO REMOVE A HOUSEHOLD MEMBER

<p>To request that any individual be removed from the Section 8 household composition, please complete this form and provide documentation of the departing member's new address (example: copy of the departed/departing member's new lease or utility bill). If household member has died, please provide date of death or a copy of the death certificate.</p> <p>TO BE COMPLETED BY HEAD OF HOUSEHOLD</p>	<p>Have you completed this form?</p>	
	<p>Yes</p> <p><input type="checkbox"/></p>	<p>Not Applicable</p> <p><input type="checkbox"/></p>

Name of person to remove from Section 8 household composition:

Last Name	First Name	Social Security Number

I have included the following to remove the above family member from my household:

- Lease or utility bill from the departing/departed household member's new address*, OR
- Copy of the death certificate, OR
- Date of Death _____ (HPD will verify with the Social Security Administration)

*If a copy of the lease or bill is not available, please explain why:

****Head of Household Must Sign and Date Below****

<p>I, the Head of Household, certify that the information given to HPD on the date of _____ is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable by federal law and may result in the termination of my housing assistance. I further understand that HPD may verify my income or other relevant information with a third party, such as the Enterprise Income Verification (EIV) database.</p>	
<p>_____ SIGNATURE OF HEAD OF HOUSEHOLD</p>	<p>_____ DATE</p>