



Housing Choice Voucher Program

Statement of Family Member Move-Out

Today's Date: _____

I, _____ (Head of Household - Print Your Name), certify that the individual(s), listed below, no longer reside in the unit.

Head of Household Information

Head of Household Address: _____

(City/ State/ Zip): _____

Telephone Number: _____ (Cell, Home or Other) (circle one)

Family Member Name	Relationship	Move-Out Date	New Address

Warning: Section 101 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency in the United States as to any matter within its jurisdiction.

Head of Household Signature: _____ Today's Date: _____

