

HOUSEHOLD MEMBER REMOVAL REQUEST

HCV participants who are part of the Philadelphia Housing Authority’s Housing Choice Voucher Program must NOTIFY PHA in writing when removing household members from their HCV household family composition. Participants must report all changes in household composition within 30 days of the occurrence. Complete this form and provide documentation to the Leasing Specialist regarding the removal of new household member(s).

TO BE COMPLETED BY HEAD OF HOUSEHOLD

Head of Household Name _____

Client ID Number _____

Address _____

PHILA, PA
City, State

Zip Code _____

I am requesting to remove the following household member(s) from my household and I have provided supporting *documentation* regarding the request. I also understand once the household member(s) is removed the individual(s) may no longer occupy my HCV unit.

Verification includes, but is not limited to:

- A Driver’s License with the new address
- A Lease or utility bill with the new address
- A Death Certificate
- A letter from a government agency attesting to the new address
- A notarized statement attesting to the new address

Name	Relationship	Reason	Move Out Date

Head of Household Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

FOR PHA USE ONLY

Leasing Specialist must obtain **verification** to support the removal of household member(s) and will forward the request to the Team Lead for review, if the request is denied by the Team Lead the request must be sent for Director/Manager review.

Leasing Specialist Print Name and Signature _____

Date _____

Approved by Team Lead

Team Lead Print Name and Signature _____

Date _____

Denied by Manager/Director Explain: _____

Director/Manager Name and Signature _____

Date _____