

Central Texas Council of Government Housing Assistance Division 2180 North Main St., P.O. Box 729, Belton, TX 76513 254-770-2300 * 1-888-488-4911 * (FAX) 254-770-2329

REQUEST TO REMOVE A HOUSEHOLD MEMBER

- This form must be submitted to the CTCOG/ Housing Division when removing a family member.
- You must notify our office within 30 days of when the household member moves out.
- If the person moving out is aged 18 or over and has income coming into the household, verification of their new residence must be presented before we remove him/her from the household. Please attach documentation to this packet. (Utility Bill in their name or a new lease)
- Your landlord must be notified of this change and must sign this form

Acknowledgement of Household Members: My signature certifies that the information provided is correct.

TO BE COMPLETED BY THE HEAD OF THE HOUSEHOLD

| Head of Household Social Security Number: Address: City/State: Phone Number: Email Address: Name of Person to be Removed: Relationship to Head of the Household: Signature of Head of the Household: Date: Signature of Removed Family Member: Date: Signature of Landlord (if approved): CENTRAL TEXAS HOUSING ASSISTANCE PROGRAM USE ONL Approved Denied Reason for Denial: Comments: | Head of Household (print): | | |
|--|---|------------------|-----|
| City/State: Email Address: Email Address: Name of Person to be Removed: Relationship to Head of the Household: Date: Signature of Head of the Household: Date: Signature of Removed Family Member: Date: | Head of Household Social Security N | Number: | |
| Phone Number: Email Address: | Address: | | |
| Name of Person to be Removed: | City/State: | Zip Code: | |
| Relationship to Head of the Household: | Phone Number: | _ Email Address: | |
| Signature of Head of the Household: | Name of Person to be Removed: | | |
| Signature of Removed Family Member: Date: | Relationship to Head of the Househo | old: | |
| Signature of Landlord (if approved): Date: CENTRAL TEXAS HOUSING ASSISTANCE PROGRAM USE ONL Approved Denied Reason for Denial: | Signature of Head of the Household | : Dat | e: |
| CENTRAL TEXAS HOUSING ASSISTANCE PROGRAM USE ONL Approved Denied Reason for Denial: | Signature of Removed Family Memb | ber: Dat | e: |
| CENTRAL TEXAS HOUSING ASSISTANCE PROGRAM USE ONL Approved Denied Reason for Denial: | Signature of Landlord (if approved): | Dat | e: |
| | | | |
| Comments: | Approved Denied Reason f | for Denial: | |
| | Comments: | | |
| | Staff Signature: | | Dat |

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to knowingly and willfully falsify, conceal or cover up by any trick a material fact; make any materially false, fictitious or fraudulent statement or representation; or make or use any false writing or document knowing the same to contain any materially false, fictitious or fraudulent statement or entry to any Department or Agency of the U.S. as to any matter within its jurisdiction.

