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**REQUEST TO REMOVE HOUSEHOLD MEMBER**

To be filled out by Head of household			
Head of household	Phone Number	Email Address	Last four of social security number:
I declare, under penalty of perjury, that the information provided is true and complete. I acknowledge that HCHA will require landlord consent before changes can be finalized.			
Head of Household Signature			Date

Fill in the following information for each member you are requesting to remove.			
Print Full Name (Include Jr, Sr, etc.)	Birth Date	Age	Sex
Does this person have dependents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who?	
New Address			

In order for your request to be processed, you must attach **TWO** of the following documents with your request. If all required documents are not submitted, your request will not be processed.

**Removing Minor**

Updated Lease from your current landlord  
AND

- Updated residence on school records
- Death certificate/ Obituary
- Medical Stay (Rehab/Therapy) Records
- Jail Records (Incarcerated)
- Current lease from their new landlord

**Removing Adult**

Updated Lease from your current landlord  
AND

- Utility Bill for new address
- Death certificate/Obituary
- Current lease from their new landlord
- Jail Records (Incarcerated)
- Medical Stay (Rehab/Therapy) Records

-----DO NOT WRITE BELOW THIS LINE-----

<b>COFC</b>	Date Reviewed:		Staff Initials:	
Method of Verification:				
Effective Date:			Vou Size:	