

REQUEST TO REMOVE FAMILY/HOUSEHOLD MEMBER

I declare that _____

no longer resides in my household effective _____. Therefore, I am requesting to have the above named person(s) removed from my rental assistance paperwork/Personal Declaration. I understand that I must provide **legal** verification of the person/s new address, i.e.: mail from the new address; receipt from the Post Office of the address change; new lease; or driver's license.

I also understand that once removed from my household, the person(s) will not be allowed to reside in my unit without prior written PHA approval.

The person(s) new address is: _____

Head of Household Signature and Date

Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.

