Department of Housing Preservation & Development

Division of Tenant Resources

HEAD OF HOUSEHOLD NAME	SOCIAL SECURITY NUMBER (last 4 digits)

FORM 13. REQUEST TO REMOVE HOUSEHOLD MEMBER

To request that any individual be removed from the Section 8 household composition, please complete this form and provide documentation of the departing member's new address (example: copy of the departed/departing member's new lease or utility bill). If household member has died, please provide date of death or a copy of the death certificate. **TO BE COMPLETED BY HEAD OF HOUSEHOLD**	**Have you completed this form?**	
	Yes	**Not Applicable**
	☐	☐

Name of person to remove from Section 8 household composition:

_____	_____	_____
Last Name	**First Name**	**Social Security Number**

I have included the following to remove the above family member from my household:

☐ Lease or utility bill from the departing/departed household member's new address*, OR

☐ Copy of the death certificate, OR

☐ Date of Death _____ (HPD will verify with the Social Security Administration)

*If a copy of the lease or bill is not available, please explain why: _____

_____

_____

_____

_____

I certify that the above information is accurate and understand that providing false statements to a government agency is punishable under federal law and may result in loss of subsidy.

_____ _____/_____/_____

SIGNATURE OF HEAD OF HOUSEHOLD **DATE**

Printed on paper containing 30% post-consumer material.