



HOUSING AUTHORITY
of the **COUNTY OF BUTTE**
2039 Forest Avenue • Chico, CA 95928

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FAX (530) 895-4469
(800) 564-2999
TDD RELAY (800) 735-2929

CHANGE FORM FOR REMOVING MEMBER
SECTION 8

PLEASE PRINT ALL INFORMATION

Head of Household _____ Last 4 Digits, SS# _____

Address _____ City _____ State _____ Zip _____

Name on file if different than above _____

Phone # Home: (____) _____ - _____ Work (____) _____ - _____ Message (____) _____ - _____

MEMBERS LEAVING THE HOUSEHOLD

The process to remove a family member must include written verification as to where the member is living or what has become of the family member. Documentation that is accepted includes a copy of a rental agreement, utility bills, bank statements, court papers stating the whereabouts of children; verification of incarceration or death.

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#

_____	_____	_____	____/____/____	____/____/____
Last Name	First Name	Relationship	Birth-Date	SS#

Date Family Member Moved Out: _____

***If these steps are not completed, the member will not be removed from your household. If the member has income, the income will continue to be counted towards your rent amount. If changes are not reported in a timely manner you could be terminated from the Housing Program.**

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify that the information given to the Housing Authority of the County of Butte on family composition is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. **I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.**

Signature of Head of Household Date

Signature of Other Adult Member Date



The Housing Authority of the County of Butte is an Equal Opportunity Employer and Housing Provider

