



THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

Request to Remove Members from the Household

Please complete this form to request the removal of a member from your assisted household. The request for removal must be made within 14 calendar days of the date of the move out.

Head of Household: _____

Last 4 digits of Social Security #: _____ **Email:** _____

Address: _____

Phone No: _____ (home), _____ (cell)

MEMBERS TO BE REMOVED

List all persons who you would like to remove from your household.

Name: _____ **Last 4 Digits of Social Security:** _____

Relation to Head of Household: _____

Date of Move out: _____

Address where the removed household member is moving (or has moved):

Proof of residency where the removed household member is moving (or has moved) must be attached. *The Authority requires at least two of the following documents for proof of residency*

- Utility bill (electric, water, refuse, telephone, cable, or gas) Checking or savings account statement from a bank or credit union
- High school or college report card or transcript containing an address
- Lease or rental agreement
- Property tax bill, statement or receipt
- Letter or official correspondence from IRS or state tax office, or any federal or local government agency
- Deed/Title
- Mortgage
- Voters registration Card
- Pay Stub
- Pension or retirement statement
- Court Order
- New Jersey Drivers License or ID Card
- Military Service Records
- Federal/State Tax Return
- In circumstances where the above documentation does not exist, other documents may be deemed acceptable by a supervisor. Mail addressed to P.O. boxes are not accepted as proof of address.



By signing this form, I certify that the above information is true, correct, and complete and will be relied upon for purposes of determining my level of assistance in a federal housing program. Any misstatement or false statement may result in denial / loss of assistance. In addition, I understand that any misrepresentation in my statements may be considered to be fraud and I may be required to repay all assistance overpaid on behalf of my family.

Print Head of Household

Date: _____

Name Signature

