

Moundsville Housing Authority

501 Tenth Street – Moundsville, WV 26041

Phone (304) 845-3141 – Fax (304) 845-3147

REMOVAL OF HOUSEHOLD MEMBER

Name of Head of Household: _____

Address: _____

- If family member no longer resides in the unit, the family must notify MHA within 10 days from the date of the occurrence.
- When a family member no longer resides in the unit, the family must provide verification.
- Verification includes, but not limited to:
 1. A Driver's License with new address
 2. A utility bill with new address
 3. A lease with new address
 4. A pay stub with new address
 5. A Death Certificate or Obituary

	Name	Relationship	Move-Out Date	Reason
1				
2				

Forwarding address #1: _____

Verification #1: _____

Forwarding address #2: _____

Verification #2: _____

I certify that the information given to the MHA on the removal of the household member(s) is accurate. I understand that false statements or information are punishable under federal state laws and are grounds for termination or housing assistance and termination of tenancy.

Head of Household: _____ Date: _____

Reviewed by MHA Staff: _____ Date: _____

Notes: _____

**** I am currently listed on the lease at the above stated unit and I am asking to remove myself from the said lease.**

Household Member Print: _____ Date: _____

Household Member Signature: _____ Date: _____

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.