



Arlington DHS Housing Choice Voucher Program
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Arlington, VA 22204
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REMOVE SOMEONE FROM THE HOUSEHOLD

Use This Form Only If You Are REMOVING A Household Member.

NAME: _____

ADDRESS: _____

Please complete the questions below:

1. Name of family member(s) who moved/are moving: _____
2. What date did/will these persons move? _____ , 20_____
3. Where did/will he/she move to (*you must attach proof of new address*)?

Street address	City/State	Zip
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4. Will he/she be gone temporarily? permanently?

If temporarily absent, when will he/she return to your household?

5. List below the persons remaining in your household.

_____	_____
_____	_____
_____	_____

I certify that the information contained herein is true and correct.

WARNING! Title 18, Section 1001 of the United States Code states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Signature: _____ Date: _____
 Head of Household

Signature: _____ Date: _____
 Person Leaving the Household