



Housing Authority of the City of Reno

Section 8 Absence from Household Request Form

Print Name of Head of Household: _____ Client #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Household member(s) that will be absent: (check all that apply)

Entire household

Myself

Other members (please give full names): _____

The above member(s) will be absent starting: _____

The above member(s) will return on: _____

Reason for the absence from the assisted unit: _____

Per the Section 8 Administrative Plan (chapter 16), you must notify the RHA in writing if any household member will be out of the unit for more than 30 consecutive days, and the absence cannot last more than 90 consecutive days. Failure to obtain approval prior to a temporary absence may result in the termination of housing assistance.

After submission of this form, you will receive a letter from the RHA approving/denying your request. If the member(s) above do not return on the specified date, you must submit a request for additional time. You must also notify the RHA of the absent household members return to the unit.

By signing this form, I understand my obligations regarding absence of household members.

Signature

Date