

Housing Authority of the City of Reno

Section 8 Household Member Removal Form – Head, Co-Head, or Spouse

Print Name of Head of Household:	Client #:	
Address:		
City:	_ State:	Zip Code:
Phone:	Email:	
are the Head of Household, the Co-H	lead of Household ninor or an "Other	e person moving out of the assisted unit if they, or the Spouse. If you are the Head of Adult", please complete the Section 8 Household
Name of person(s) who moved out:		
Date I moved out:		
My new address:		
listed on my ID, I need to go to the D postal investigation to ensure that only	DMV to update it to ly approved house ification for me at	il at the assisted unit. If this address is currently o my new address. The RHA may conduct a hold members are receiving mail at the assisted the assisted unit's address may result in the RHA stance.
	ust complete the R	quest. If I decide to move back into the assisted equest to Add Member to household form and of the household.
reduction in the voucher size. This re-	eduction, if necessing month. If you	a reduction in household size may require a ary, will take effect 30 days after the submission failed to report this change within the required sistance.
By signing this form, I understand my	y obligations regar	rding removing myself from the household.
a:		
Signature		Date