

¡Este documento es importante, tradúzcalo inmediatamente!

OUT OF HOUSEHOLD DECLARATION

If you need this document in a different language or **LARGER FONT** or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Date: _____

I, _____, Voucher #: _____,
Print Name (Head of Household)

certify that the individual(s) listed below no longer reside(s) in my household.

Name	Relationship	New Address	Move-out Date

Penalties for Misusing This Consent: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or representative of the U.S. Government.

Signature (Head of Household) _____
Date

Address

City *State* *ZIP Code*

Signature (Property Owner/Manager) _____
Date

For Office Use Only:

Anniversary Month/Year: _____

*rev. 7/11, barcode: Out of House

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

- [] **Central Office**
60 E. Van Buren Street, Chicago, IL 60605
- [] **South Office**
1749 E. 75th Street, Chicago, IL 60649

- [] **Southwest Office**
10 W. 35th Street, Chicago, IL 60616
- [] **West Office**
2750 W. Roosevelt Road, Chicago, IL 60608

CHA Customer Call Center / TTY
312-935-2600 / 312-461-0079
Web
www.thecha.org/hcv