

¡Este documento es importante, tradúzcalo inmediatamente!

OUT OF HOUSEHOLD DECLARATION

If you need this document in a different language or format or if you need a reasonable accommodation (people with disabilities), please call 312.935.2600 or TTY: 312.461.0079. At least five business days' advance notice is required in order to arrange for interpreter services.

To be completed by the Head of Household:

I, _____, Voucher #: _____, certify that
(Print Name)
the individual(s) listed below no longer reside(s) in my household.

Name	Relationship	New address	Move-out date

PENALTIES FOR MISUSING THIS FORM: Warning - Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States.

Signature of Head of Household: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

For staff use only:

Anniversary Month/Year: _____