

DOCUMENTATION OF DECREASE IN FAMILY SIZE

Resident Name: _____

Address: _____ Unit # _____

Effective _____, the following household member(s) will no longer reside in the above unit:

Name: _____

Name: _____

Name: _____

Note: A household may continue to add and remove members as long as at least one member of the original low-income household continues to live in the unit. Once all the original tenants have moved out of the unit, the remaining tenants must be certified as a new income-qualified household unless the remaining tenants were income qualified at the time they moved into the unit.

Check here if at least one original or qualifying household member resides in the unit.

The next annual recertification/self-certification for this unit is due _____. The above change will be reflected in this recertification/self-certification.

Notes: _____

Head of Household Signature: _____

Date: _____

Manager's Signature: _____

Date: _____