

CRESCENT CITY HOUSING AUTHORITY
235 H STREET
CRESCENT CITY, CA 95531
707-464-9216 **707-464-2692(FAX)**

Date Received: _____

Notification of Family Member Move-Out

Date: _____

Received by: _____

Head of Household: _____

Address: _____

Telephone Number: _____

Name of Family Member who moved: _____

Date that the family member moved: _____

What is the new address of this person? _____

What is the telephone number of this person? _____

Are there any changes to the household income as a result of this person moving out? YES NO

If yes, please explain: _____

Name, Address and Phone Number of a person(s), not related, that can substantiate the new address of the ex-household member?

I understand that any and all changes to the family composition must be reported immediately. Failure to report these changes can result in a repayment of housing assistance funds, termination of assistance or both. I understand that the CCHA has up to 30 days to process a change to my family composition and that it is my responsibility to follow up with the CCHA to ensure that the above reported changes have been processed.

Signature _____

Date _____

THIS IS YOUR RECEIPT!! Failure to submit this receipt if/when requested by the CCHA will acknowledge that the above reported changes were never reported. _____ - Initial here

