



MHA MEMPHIS HOUSING AUTHORITY – HOUSING CHOICE VOUCHER PROGRAM
 700 Adams Avenue Memphis, TN 38105 Telephone: 901-544-1302 Fax: 901-544-1375

**Request for Approval
 Removal of Family Member from Household Composition**

Name _____ Client Number _____

Street Address _____ Phone Number _____

Please Note: You may be required to show proof of a new address for the person you are requesting to have removed. The Housing Authority may continue to count the persons income in your rent calculation until adequate proof is provided.

Name of the Family Member to be Removed	Date of Birth	Relation to Head of Household	Move out Date

***Reason for removal from household:**

I/We agree to provide any documentation necessary to remove the above family member(s). I understand that the income in my rent calculation may continue to count until adequate proof is provided. I/We certify that the information provided is true and correct.

HCV Participant Signature Date

Owner/Agent Signature Date

The HCV Department will make changes in policies, procedures, or rules as a reasonable accommodation to persons with disabilities. Please inform us if you require a reasonable accommodation.