



Suisun City Housing Authority

701 Civic Center Blvd. Suisun City, CA 94585

Phone: 707.421.7330 Fax: 707.429.3758 E-mail: housingdept@suisun.com

Change of Household Composition Remove Household Member(s)

Please note: A person in the household will not be removed from the voucher until the Suisun City Housing Authority has received the written request and verification. If the family wishes to add the person back on the voucher at a later time, it is the family's responsibility to submit a written request from the Housing Authority to add the person back on the voucher. A person may not be added back on to the voucher until they are approved by the landlord and the Housing Authority.

According to 24 Code of Federal Regulations 982.551, allowing persons to reside in the assisted until without Housing Authority approval is a violation of family obligations and grounds for termination.

Head of Household Name	Address
Phone Number	E-mail

Effective Date of Change:

Please complete this form and submit with the at least one form of verification of the person's new residence which includes, but is not limited to:

- Copy lease/rental agreement with deposit/rent receipt
- Utility bill (e.g., PG&E, water, etc.)
- Other bill (e.g., cell phone, internet, car payment, insurance, etc.)
- Pay stub, Social Security benefit print out, CalWIN (cash aid or food stamps) Notice of Action, EDD print out
- Bank statement
- New driver's license or government-issued photo identification card

I am requesting to remove the follow person(s) from my voucher:

Last Name	First name	Date of Birth
Last Name	First name	Date of Birth
Last Name	First name	Date of Birth

Warning: Section 1001 of Title 18 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any department agency of the U.S. This program is being administered for HUD.

Certification	
I declare, under penalty of perjury, that the above information and attached verifications to this form are true and complete.	
_____ Head of Household Signature	_____ Date
_____ Other Adult Signature	_____ Date
_____ Other Adult Signature	_____ Date

It is the policy of the Suisun City Housing Authority to provide reasonable accommodations to persons with disabilities so they may fully access and utilize the housing program and related services. For more information, please contact the Housing Authority at (707) 421-7332 or housingdept@suisun.com. Please allow the Housing Authority reasonable time to evaluate requests.