

Housing Choice Voucher Program

REMOVE FROM FAMILY COMPOSITION

- Removal From Family Composition Form MUST BE COMPLETED AND SIGNED
- Verification of new address MUST BE PROVIDED
 FROM THE INDIVIDUAL BEING REMOVED
- Day time phone number of the family member being removed
- Letter from Property Owner/Manager or copy of new lease from Property Owner/Manager indicating removal of the family member

	HOUSTON
	HOUSING AUTHORITY Transforming Lives & Communities
2640 Fountain View Drive	Houston, Texas 77057 713.260.0500 P 713.260.0547 TTY www.housingforhouston.com
Housing Choice Voucher Program	
Remove from Family Composition	
Name:	Client's Entity ID:
SS#:	Email Address:
Current Phone Nu	mber:
I would like to have the following family member removed from my application for housing assistance:	
Name:	
Relationship:	
Date of Birthdate:	
Social Security #:	Phone Number:
Reason:	

(Signature)