## FALL RIVER HOUSING AUTHORITY

85 MORGAN STREET P.O. BOX 989 FALL RIVER, MASSACHUSETTS 02722

## REDUCTION IN FAMILY SIZE

ADDRESS:		
On, 2 residence.	20, you reported that a family mer	nber has moved out of y
Please complete the questi	ions below	
Name of family member who m	oved.	
What date did this person move	?	, 20
Where did they move to?		
Street address	City/State	Zip code
Street address		•
	temporarily? permanently?	
Will they be gone		
Will they be gone   If temporarily absent, when will  List below the persons remaining	temporarily? permanently?  I they return to your household?	
Will they be gone   If temporarily absent, when will  List below the persons remaining	temporarily? permanently?  I they return to your household?  ag in your household.	
Will they be gone  If temporarily absent, when will  List below the persons remaining  It is a family obligation to report providing proof as to where th any changes can be done. TWO  CHANGES ARE COMPLETI	they return to your household?  If they return to your household?  If any changes in the household within 30 to the following documents ARE RE THE REMOVED FAMILY MEMBER CO.	days. Documentation i as to accompany this fo QUIRED BEFORE Al registration, lease, p
Will they be gone  If temporarily absent, when will  List below the persons remaining  It is a family obligation to report providing proof as to where the any changes can be done. TWO CHANGES ARE COMPLETE OF CURPON BANK STATEMENT. YOUR HOUSEHOLD FOR A M	they return to your household?  If they return to your household?  If any changes in the household within 30 to the following documents ARE RE THE REMOVED FAMILY MEMBER CO.	days. Documentation is as to accompany this for QUIRED BEFORE Algregistration, lease, particular and the BETORE BE