

FALL RIVER HOUSING AUTHORITY

85 MORGAN STREET

P.O. BOX 989

FALL RIVER, MASSACHUSETTS 02722

REDUCTION IN FAMILY SIZE

HEAD OF HOUSEHOLD: _____

ADDRESS: _____

On _____, 20____, you reported that a family member has moved out of your residence.

Please complete the questions below

1. Name of family member who moved. _____

2. What date did this person move? _____, 20 _____

3. Where did they move to?

Street address	City/State	Zip code
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4. Will they be gone temporarily? permanently?

If temporarily absent, when will they return to your household? _____

5. List below the persons remaining in your household.

It is a family obligation to report any changes in the household within 30 days. **Documentation is required providing proof as to where the household member is residing and has to accompany this form before any changes can be done. TWO of the following documents ARE REQUIRED BEFORE ANY CHANGES ARE COMPLETED. A valid license/ID, automobile registration, lease, pay-stub, or current bank statement. THE REMOVED FAMILY MEMBER CANNOT BE ADDED BACK TO YOUR HOUSEHOLD FOR A MINIMUM OF ONE YEAR.**

I certify that the information contained herein is true and correct.

Signature: _____ Date: _____

WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.