



501 Tenth Street – Moundsville, WV 26041
Phone (304) 845-3141 – Fax (304) 845-3147

REMOVAL OF HOUSEHOLD MEMBER FROM LEASE

Name of Head of Household: _____

Address: _____

- If family member no longer resides in the unit, the family must notify MHA within 10 days from the date of the occurrence.
- When a family member no longer resides in the unit, the family must provide verification.
- Verification includes, but not limited to:
 1. A Driver's License with new address
 2. A utility bill with new address
 3. A lease with new address
 4. A pay stub with new address
 5. A Death Certificate or Obituary

	Name	Relationship	Move-Out Date	Reason
1				
2				

Forwarding address #1: _____

Verification #1: _____

I certify that the information given to the MHA on the removal of the household member(s) is accurate.

"I/We, the undersigned, certify under perjury that the information provided here is true and correct, to the best of my knowledge and recollection. WARNING: Anyone who knowingly submits a false claim or knowingly makes a false statement is subject to criminal and administrative penalties (18 U.S.C. 287, 1001, 1010, 1012; 31 U.S.C. 3279, 3802)."

Head of Household: _____ Date: _____

Reviewed by MHA Staff: _____ Date: _____

Notes: _____

**** I am currently listed on the lease at the above stated unit and I am asking to remove myself from the said lease.**

Household Member Print: _____ Date: _____

Household Member Signature: _____ Date: _____