



OUT OF HOUSEHOLD DECLARATION

To be completed by the Head of Household:

I, _____, certify that the individual(s) listed below no longer reside(s) in my household.
(Print Name)

Name	Relationship	New address	Phone #	Move out date

I do hereby swear and attest that all of the information provided on this Out of Household Declaration is true and accurate. I understand that under federal law it is considered a felony to knowingly and willingly make a false or fraudulent statement as a participant in a federal rental assistance program.

Signature of Head of Household: _____ Date: _____

Address: _____

City: _____ Zip Code: _____