



Housing Authority of the City of Orange

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Executive Director

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Request to Remove a Household Member Housing Choice Voucher (Section 8) Program

Head of Household Name: _____

Unit Address: _____

Phone Number: _____ Email Address: _____

Household Member to Be Removed

Name: _____ Date of Birth: _____

Relationship to Head of Household: _____ Date the Individual Moved Out: _____

New Address of Removed Household Member (Required): _____

Required Documentation: Must be submitted with the completed form.

You must submit with this form documentation showing that the individual **no longer resides in the assisted unit and has established a new address**. Acceptable documentation includes (submit at least one):

- Lease, rental receipt, or utility bill at new address
- Government-issued or official mail showing new address
- Employer, school, or benefits correspondence
- Court order or legal documentation (if applicable)
- Notarized statement from the removed household member
- Other: _____

*****The Housing Authority may request additional documentation if needed.

Important Information: HUD Regulations: 24 CFR §§ 982.551(e), 982.551(h), 982.552(c)

- Approval is required to remove a household member.
- The removed person **may not reside in the assisted unit** after approval.
- Removing a household member **does not guarantee an increase in voucher size or subsidy**.
- Removing a household member **may result in a decrease in voucher size or subsidy**.
- Failure to report or document household changes may result in **termination of assistance**.

Reasonable Accommodation

If you need a reasonable accommodation due to a disability to complete this request, you may submit a written accommodation request. Requests will be reviewed in accordance with HUD regulations.

Participant Certification

I certify that the information provided on this form is true and complete to the best of my knowledge. I understand that providing false or incomplete information may result in denial or termination of Housing Choice Voucher assistance.

Head of Household Signature: _____ Date: _____