

Out of Household Form

T-Code _____

I so hereby state that the following person(s) no longer reside(s) with me:

_____	relationship	_____
_____	relationship	_____
_____	relationship	_____
_____	relationship	_____

Date moved: _____

Current address for family members removed from household:

Address _____

City, State, Zip _____

Please initial each statement

_____	I certify that the above person(s) has/have permanently moved out of my subsidized unit, I understand that the person(s) listed above may NOT move back into my subsidized unit without the prior written approval of the Housing Authority of Cook County (the HACC),
_____	I certify that the above information is true to the best of my knowledge, I understand my reporting requirements regarding the persons who live in my unit, and
_____	I understand allowing the person(s) listed above to live in my subsidized unit without the prior written approval of the HACC may result in termination of my participation in a rental assistance program.

Signature of Head of Household

Date

Verification of new residence for above person(s): Check the documentation you are attaching.

- State-issued photo ID with the new residence
- Current utility bill of new residence
- Voter registration card with the new residence
- None. I certify that the above person(s) is not cooperating with me to submit verification of his/her/their residence OR that the above person(s)'s current residence is not known to me.

Signature of Head of Household

Date

WARNING: 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both. **Revised 8/2019**