			MA	RION COUNTY I	HOUSING AUTHORITY			
' '	se only: Date Received:			2645 Portland Rd. NE ·	Suite 200 · Salem, OR · 97301 98-4171 TTY: (800) 735-2900			
HCV Dept. And or Owned Housing		C fc	hanges & all required vor a change to be consider	erifications must be reported dered for the first of the follo	D VOUCHER PARTICIPANTS:  d/submitted by the 15 <sup>th</sup> of any month wing month. Changes reported after			
Staff Initials:		tr	ne 15 <sup>th</sup> of the month & ir	ncomplete packets will be de	elayed for at least 30 days.			
REQUEST TO REMOVE A HOUSEHOLD MEMBER  You must report within 10 working days if any family member leaves the household or will be away for 20 days or more								
You must report within 10 working days if any family member leaves the household or will be away for 30 days or more  IF YOU OR ANYONE IN YOUR FAMILY IS A PERSON WITH DISABILITIES, AND YOU REQUIRE A SPECIFIC ACCOMMODATION TO FULLY UTILIZE  OUR PROGRAMS AND SERVICES, PLEASE CONTACT OUR OFFICE.								
► PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY								
Head of Household Nam	ne:				Last 4 of SSN:			
Physical Address			City:	State:	Zip Code:			
MAILING Address (if diffe	rent from physical ac	ldress)	City:	State:	Zip Code:			
Phone:		Msg Phone:		E-Mail:				
PROGRAM (check "✓" applicable program/property)								
Housing Choice Voud Project Based Vouch Oak Park Village		)	green Court	Woodpark Terrace Creekside Duplexes Edelweiss Village	☐ Farmdale Apartments ☐ Harvest Manor ☐ Hazelwood Estates			
MEMBERS INFORMATION WHO YOU ARE REQUESTING TO REMOVE  Income for household members who are temporarily absent will not be removed from household income calculation. Permanently absent members information will not be removed without verification of new address, the family must provide evidence to support that the person is no longer a member of the family (e.g., documentation of another address at which the person resides such as a lease or utility bill).  See reverse side for additional information regarding permanently absent members →								
Name of Household	Member who lef	t:		Date they	left:			
Are they permanentl	ly out of the hou	sehold? □ No,	Complete box #2	Yes, complete box	#1 <u>AND</u> page 2 →			
1. PERMANENTLY ABSENT DUE TO: ☐ Entered into a lease of their own ☐ Expected to be away for 180 days or <u>more</u>								
□ Incarcerated □ Deceased (please provide copy of obituary or death notice) □ Other: □ Divorce/Separation of household (remaining adult & adult being removed must complete & sign statement on pg. 2 →)								
•		naming danii & danii	C		Idress attached?  Yes  No			
2. TEMPORARILY ABSE	ENT: Is Away, or ex	pected to be away t	or 180 days or <u>less</u> o	lue to:				
-				•	d return dates? ☐ Yes ☐ No			
I/we do hereby swear and attest that all the information reported on this form about the household and me is true and complete. I/we understand that MCHA is required to verify the information that I/we have reported. I/we understand that any misrepresentation of information, or failure to disclose information requested, may be grounds for termination of assistance and is punishable under								

Federal law.

WARNING: Title 18, Section 1001, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the U.S. or the Department of Housing and Urban Development. I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation and/or may be grounds for denial of assistance.

Head of Household Signature

If you live in Meadowood, Woodpark Terrace, Farmdale Apartments, Evergreen Court, Creekside Duplexes, Harvest Manor, Oak Park Village, Stayton Elder Manor, Sheridan Senior Estates, Edelweiss Village or Hazelwood Estates you may also be required to provide additional information not listed below to complete your request to remove household members and or attend an in-office appointment.

## RENTAL ASSISTANCE RETENTION DETERMINATION

If a family breaks up into two otherwise eligible families while receiving assistance, only one of the new families will continue to be assisted. If you are requesting for MCHA to make the determination of who will retain the voucher, please attach a statement regarding why you should retain the voucher and any other relevant information.

,	an	d	are in agreement
that	will	retain the Housing Choice Voucher renta	ıl assistance.
		OR	
understand that MCHA will take including custody arrangement family member who is the victir member who was forced to lea	e into consideration the s; (2) the interest of a n of domestic violence ve an assisted unit a	are unnee and would like for MCHA to make the following factors: (1) the interest of an any ill, elderly, or disabled family membere, dating violence, sexual assault, or states a result of such actual or threatened above; and (5) the recommendations of social	y minor children, rs; (3) the interest of any lking, including a family buse; (4) any possible
Head of Household Signature	Date	Signature of Co-Head/Spouse/Significant Other/other	r adult being removed Date
Please	list ALL rem	aining household membe	ers.
		ing that all the information reported o	
First Name, MI, L	ast Name	Relationship to head of household	Date of Birth (mm/dd/vv)

First Name, MI, Last Name	Relationship to head of household	Date of Birth (mm/dd/yy)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		