

MARION COUNTY HOUSING AUTHORITY

2645 Portland Rd. NE · Suite 200 · Salem, OR · 97301

Phone: (503) 798-4170 Fax: (503) 798-4171 TTY: (800) 735-2900

**For MCHA use only:**

Copy of all forms to:

Date Received:

 HCV Dept.

And or

 Owned Housing

Staff Initials: _____

HOUSING CHOICE VOUCHER & PROJECT BASED VOUCHER PARTICIPANTS:Changes & all required verifications must be reported/submitted by the 15th of any month for a change to be considered for the first of the following month. Changes reported after the 15th of the month & incomplete packets will be delayed 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 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 Name:			Last 4 of SSN:
Physical Address	City:	State:	Zip Code:
MAILING Address (if different from physical address)	City:	State:	Zip Code:
Phone:	Msg Phone:	E-Mail:	

PROGRAM (check "✓" applicable program/property)

- | | | | | |
|--|--|--|--|--|
| <input type="checkbox"/> Housing Choice Voucher | <input type="checkbox"/> VASH | <input type="checkbox"/> Meadowood | <input type="checkbox"/> Woodpark Terrace | <input type="checkbox"/> Farmdale Apartments |
| <input type="checkbox"/> Project Based Voucher (Twilight Courts) | <input type="checkbox"/> Evergreen Court | <input type="checkbox"/> Creekside Duplexes | <input type="checkbox"/> Harvest Manor | |
| <input type="checkbox"/> Oak Park Village | <input type="checkbox"/> Stayton Elder Manor | <input type="checkbox"/> Sheridan Senior Estates | <input type="checkbox"/> Edelweiss Village | <input type="checkbox"/> 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 left: _____ Date they left: _____

Are they permanently out of the household? No, Complete box #2 Yes, complete box #1 AND page 2 →

- 1. PERMANENTLY ABSENT DUE TO:** Entered into a lease of their own Expected to be away for 180 days or more
- 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 →)

New Address: _____ Is verification of their new address attached? Yes No

- 2. TEMPORARILY ABSENT:** Is Away, or expected to be away for 180 days or less due to:
- Travel Medical Need Other: _____

Expected date of return: _____ Verification attached of departure and 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 _____

Date _____

Co-Head/Spouse/Significant Other/Other Adult _____

Date _____

