



HOUSING ALLIANCE HTX

2640 Fountain View Drive ■ Houston, Texas 77057 ■ 713.260.0500 P ■ 711 TTY

Housing Choice Voucher Program

REMOVE FROM FAMILY COMPOSITION

- Removal From Family Composition Form - **MUST BE COMPLETED AND SIGNED**
- Verification of new address – **MUST BE PROVIDED FROM THE INDIVIDUAL BEING REMOVED**
- Day time phone number of the family member being removed
- Letter from Property Owner/Manager or copy of new lease from Property Owner/Manager indicating removal of the family member



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Housing Choice Voucher Program Remove from Family Composition

Name: _____ Client's Entity ID: _____

SS#: _____ Email Address: _____

Current Phone Number: _____

I would like to have the following family member removed from my application for housing assistance:

Name: _____

Relationship: _____

Date of Birthdate: _____

Social Security #: _____ Phone Number: _____

Reason: _____

(Signature)

(Date)