

# ***Housing Authority of the City of Natchitoches***

P.O. Box 754      536 Culbertson Lane      Natchitoches, LA 71458  
Telephone (318) 352-9774      FAX Number (318) 357-8064

## **TENANT REQUEST TO REMOVE HOUSEHOLD MEMBER**

**Before any household member can be removed from the household of an assisted tenant of the Housing Authority, the Head of Household (HoH) must complete this form and a new Personal Declaration form.**

Provide the name of member to be removed and the reason for removal. Documentation may be requested by the housing manager such as proof of the member(s) residing in another location (*a utility bill in the removed member's name at another address, copy of a valid lease listing the member(s) as part of that household, school documentation of another address/legal guardian for minor children*).

If the person(s) removed wants to return at a later time to the assisted household and is age 18 or older, an Addendum Application and Criminal Background investigation must be completed and person approved by HACN. Based on the results of the latest document review, reinstatement into the household may or may not be approved.

If the member who is to be removed is the Head of Household and is voluntarily leaving (*not terminated for cause*), and will not be assisted by the Housing Authority in a different unit, he or she may elect to transfer the Public Housing lease or the Section 8 Voucher to the current Co-head, Spouse or other adult in the assisted family

HoH name: \_\_\_\_\_

Phone(s): \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

HoH address: \_\_\_\_\_, Natchitoches, LA 71457

### **Member(s) to be removed:**

1. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reason for removal \_\_\_\_\_

Date out of unit: \_\_\_\_\_

2. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reason for removal \_\_\_\_\_

Date out of unit: \_\_\_\_\_

3. \_\_\_\_\_ Relationship: \_\_\_\_\_  
Reason for removal \_\_\_\_\_

Date out of unit: \_\_\_\_\_

\_\_\_\_\_  
*Head of Household Signature*

\_\_\_\_\_  
*Date*