

HUNTINGTON Housing Authority

1A Lowndes Avenue
Huntington Station, NY 11746
(631)427-6220 • Fax: (631) 427-6228 • website: www.huntingtonha.org

REQUEST TO REMOVE HOUSEHOLD MEMBER

TO BE COMPLETED BY HEAD OF HOUSEHOLD ONLY

LIST MEMBER(S) TO REMOVE FROM HOUSEHOLD COMPOSITION:

The process to remove a family member must include the personal declaration form (see attached).

First Name	Last Name	Social Security Number	Date of Birth

Date Family Member Moved Out: _____

Documentation that is accepted (please attach) for household member removal:

- ☐ Current Utility Bill from the departing/departed household member's new address.
- ☐ Department of Motor Vehicle (DMV) / Government Issued ID.
- ☐ Deceased. A copy of the Death Certificate.
- ☐ Minor – Legal documentation showing new address.

***If these steps are not completed, the member will not be removed from your household. If the member has income, the income will continue to be counted towards your rent amount. If changes are not reported in a timely manner you could be terminated from the Housing Program.**

WARNING: Section 1001 of Title 18 of the U. S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

I/We certify that the information given to the Huntington Housing Authority family composition is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law. I/We also understand that false statements or information are grounds for termination of Housing Assistance and termination of tenancy. I have not omitted, misstated, or withheld facts pertaining to the Household's Income or Persons living in the unit. I understand that it is my responsibility to report to the Housing Authority, any changes in income, assets and number of persons living in the unit, whenever they occur. I have been made aware of the Housing Programs and requirements and prohibitions.

Signature of Head of Household

Date

The Housing Authority is an equal opportunity employer and housing provider.



TOWN OF HUNTINGTON HOUSING AUTHORITY

1-A LOWMEDES AVENUE • HUNTINGTON STATION, NY 11746 • 631-427-6220 • FAX 631-427-6288

PERSONAL DECLARATION

THIS FORM MUST BE COMPLETED IN INK IN YOUR OWN HANDWRITING. YOU MUST USE THE CORRECT NAME FOR EACH MEMBER OF YOUR HOUSEHOLD. ALL ADULT MEMBERS OF THE HOUSEHOLD MUST SIGN BELOW CERTIFYING THE INFORMATION PERTAINING TO THEM. PLEASE PRINT CLEARLY.

I. HOUSEHOLD COMPOSITION: LIST ALL PERSONS WHO ARE LIVING IN YOUR HOME, LISTING THE HEAD OF HOUSEHOLD FIRST.

ADULTS (LEGAL NAME)	DATE OF BIRTH	RELATIONSHIP TO HOH	SOCIAL SECURITY #	INDICATE: (M) MARRIED (S) SEPARATED (D) DIVORCED	HOUSEHOLD MEMBER IN COLLEGE? YES/NO
1.					
2.					
3.					
4.					
5.					

CHILDREN (NAME AS IT APPEARS ON SS CARD)	DATE OF BIRTH	RELATIONSHIP TO HOH	SCHOOL NAME	ABSENT PARENT'S NAME	ABSENT PARENT'S ADDRESS
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PRESENT ADDRESS

EMERGENCY CONTACT

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

PHONE #

PHONE #



- II. TOTAL HOUSEHOLD INCOME: LIST ALL MONEY EARNED OR RECEIVED BY EVERYONE LIVING IN YOUR HOUSEHOLD THAT INCLUDES MONEY FROM WAGES, SELF-EMPLOYMENT, CHILD SUPPORT, CONTRIBUTIONS, SOCIAL SECURITY, DISABILITY PAYMENT, WORKERS COMPENSATION, RETIREMENT BENEFITS, TANF, VETERAN'S BENEFITS, RENTAL PROPERTY INCOME, STOCK DIVIDENDS FROM BANK ACCOUNTS, ALIMONY AND ALL OTHER SOURCES.

LIST AMOUNTS RECEIVED BELOW:

HOUSEHOLD MEMBER	EMPLOYER	TOTAL WEEKLY WAGES	TANF BENEFITS	CHILD SUPPORT MONTHLY	SOCIAL SECURITY BENEFITS	UNEMPLOYMENT BENEFITS	ALL OTHER INCOME
1.							
2.							
3.							
4.							
5.							

III. ASSETS: IF YES TO ANY, LIST BELOW.

- DO YOU OR ANY HOUSEHOLD MEMBERS OWN OR HAVE AN INTEREST IN ANY REAL ESTATE, HOMES AND/OR MOBILE HOME? YES/NO
- HAVE YOU SOLD ANY REAL ESTATE IN THE LAST TWO YEARS? YES/NO
- DO YOU OWN ANY SAVINGS ACCOUNT? YES/NO
IF YES, LIST BANK ACCOUNT NUMBERS AND AMOUNTS. _____
- DO YOU OWN A CAR? YES/NO MODEL/YEAR _____ LICENSE PLATE # _____
- DOES ANYONE OUTSIDE OF YOUR HOUSEHOLD PAY FOR ANY OF YOUR BILLS OR GIVE YOU MONEY? YES/NO
IF YES, EXPLAIN: _____
- HAVE YOU OR ANY OTHER ADULT MEMBERS EVER USED ANY NAME(S) OR SOCIAL SECURITY NUMBER(S) OTHER THAN THE ONE YOU ARE CURRENTLY USING? YES/NO
IF YES, EXPLAIN: _____
- HAVE YOU OR ANY OTHER MEMBERS LIVED IN ANY ASSISTED HOUSING? YES/NO
IF YES, EXPLAIN: _____
- HAVE YOU OR ANYONE IN YOUR HOUSEHOLD EVER BEEN ARRESTED, CHARGED, AND/OR CONVICTED OF ANY CRIME OTHER THAN A TRAFFIC VIOLATION? YES/NO
IF YES, LIST WHERE AND WHEN: _____
- HAVE YOU EVER COMMITTED ANY FRAUD IN A FEDERALLY ASSISTED HOUSING PROGRAM OR BEEN REQUESTED TO REPAY MONEY FOR KNOWINGLY MISREPRESENTING INFORMATION FOR SUCH HOUSING PROGRAMS? YES/NO
IF YES, EXPLAIN: _____

I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN THE HOUSEHOLD MEMBERS MUST BE REPORTED TO THE HUNTINGTON HOUSING AUTHORITY IN WRITING IMMEDIATELY.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____

SIGNATURE OF CO-HEAD OF HOUSEHOLD _____ DATE _____

SIGNATURE OF OTHER ADULT _____ DATE _____

SIGNATURE OF OTHER ADULT _____ DATE _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES 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 UNITED STATES.

