



NOTIFICATION OF FAMILY MEMBER MOVE-OUT

Hocking Metropolitan Housing Authority

33601 Pine Ridge Drive Logan, Ohio 43138

Phone: 740-385-3883 Fax: 740-385-0230 TDD: 800-750-0750

office@hockingmha.org

INSTRUCTIONS: Please complete this form and submit it to the Hocking Metropolitan Housing Authority office immediately when any family member(s) move out of the housing unit. The person(s) will be removed from the lease when the completed form is returned to our office.

DATE: \_\_\_\_\_

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

PLEASE ANSWER THE FOLLOWING QUESTIONS:

NAME OF FAMILY MEMBER THAT MOVED

DATE THAT THE FAMILY MEMBER MOVED

WHAT IS THE ADDRESS THIS PERSON IS MOVING TO?

WHAT IS THE TELEPHONE NUMBER OF THE PLACE THIS PERSON IS MOVING TO?

WHAT ARE THE CHANGES, IF ANY, TO THE HOUSEHOLD INCOME?

(YOU MAY BE ASKED TO PROVIDE VERIFICATION OF INCOME CHANGE)



If you are a person with disabilities and require accommodations to access of fully utilize the programs, you may make your request in writing or by contacting our staff at any HMHA location.

