

# HOUSEHOLD COMPOSITION DELETION REQUEST FORM

HEAD OF HOUSEHOLD: \_\_\_\_\_ ENTITY ID#: \_\_\_\_\_

LAST 4 OF SOCIAL SECURITY #: XXX-XX-\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

### IMPORTANT INFORMATION

Any changes to the household composition of an applicant/participant must be reported to the Santa Clara County Housing Authority (SCCHA) **within 15 days of when the change occurred. Failure to sign, date and provide necessary documentation can result in a delay in processing the request.**

Deleting a household member may change the **subsidy size** you are eligible to receive and/or change the **portion of rent** you are responsible for.

### DELETING HOUSEHOLD MEMBERS

Submit one of the following documents listed on the back of this request for each person that will be deleted from the household. List the name and information of the person(s) you are deleting in the chart below:

Name of Household Member to be Deleted	Date of Birth	Relation to the Head of Household/Spouse/Partner	Move Out Date
1.			
2.			
3.			

- The person(s) listed above will no longer be residing with me and will not have use of the assisted unit as of the move out date indicated.  YES  NO
- Are you requesting to delete:  a Live-In Aide  and replace a Live-In Aide  Other Household Member(s)  
(If you are replacing a Live-in Aide, please complete the Household Composition Addition Request Form)

### HEAD OF HOUSEHOLD CHANGES

- Do you want to change Head of Household status from yourself to another adult member in the home?  YES  NO  
If yes, who? \_\_\_\_\_ Relation: \_\_\_\_\_
- Will you remain a member of the household?  YES  NO

### Head of Household Declaration

I certify under penalty of perjury that the person(s) being removed have moved out of the unit permanently and will not be receiving mail, reside in or have use of the assisted unit without written permission from SCCHA. I further understand that my housing assistance may be terminated and I may be required to reimburse SCCHA for any Housing Assistance Payments made on my behalf for any period of time in which the deleted family member had use of the assisted residence without the permission of SCCHA.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Read/View the back page of this form before submitting your request\*\***

## CHECKLIST OF VERIFICATION OF DOCUMENTS TO SUBMIT WHEN REQUESTING TO DELETE A HOUSEHOLD MEMBER

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### INTERIM CHANGE REQUEST TIMELINE

1. Submit your change in writing along with all required documentation to the Housing Authority within 15 days.
2. You will receive a letter from the Housing Authority acknowledging your written request.
3. The assigned caseworker will review your request and will ask for any additional documents, if necessary.
4. Once **all** documentation is received, the assigned caseworker will process your file.
5. Please allow 4-6 weeks for requests to be completed.