

East Providence Housing Authority

99 GOLDSMITH AVENUE
EAST PROVIDENCE, RI 02914-2240

Request to Remove Household Member

I, _____, head of household residing at
_____, would like to remove household
member(s) _____ from my household.

I understand that I will need to provide proof of new residency for this household member. I will be submitting a lease, correspondence, or notarized letter proving that this household member resides elsewhere and no longer in my home.

I understand that if I would like to re-add this person back into my household, I will need to notify my HCV Program Specialist with in 10 days. I will need to follow program rules before having this person move back into my home.

Head of Household Signature: _____

Date: _____

HCV Program Specialist Signature: _____

Date it was received: _____

Please Note: This household member will not be removed until this information is received.