

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155

TELEPHONE 781-396-7200
FAX 781-393-9223

TELEPHONE FOR THE DEAF
TTY 1-800-720-3480



Removing Member from Household Composition:

To be completed by the Head of Household, verification must be submitted for request. Please contact your Leased Housing Coordinator prior to completion.

If the member is under 18, one of the following must be submitted:

- Court document verifying who has custody of the child/children.
- A letter from a social service agency (Department of Children and Families) stating status of the child/children.

If the member is 18 and over, you will be required to submit:

- Proof of new address
- Change of address form from the United States Postal Services, Copy of a lease, or a utility bill.

I, _____, certify that the individual (s) listed below no longer reside (s) in my household.

Name	Relationship	New Address	Phone	Date of move

I do hereby swear and attest that all the information provided on this form is true and accurate to the best of my knowledge and belief. I understand that giving false statements or information can be grounds for punishment under federal and state laws. I also understand that giving false statements or information or failing to provide complete information can be grounds for termination of housing assistance.

Signature of Head of Household: _____ Date: _____

