



Housing Authority

STATEMENT OF MOVE-OUT OF FAMILY MEMBERS

Date: _____

I, _____, certify that the individual or individuals listed below no longer reside in my unit:
(Please Print Name - Head of Household)

Table with 4 columns: Name of HH Member, Relationship, New Address, Move Out Date. Contains 3 empty rows for data entry.

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature – Head of Household

Date

Unit Address:

Signature of Landlord or Authorized Property Management Representative

Date

Mailing Address
P.O. Box 8181
Hillsborough, NC 27278

Main Office
300 W. Tryon Street
Hillsborough, NC 27278

Satellite Office
2501 Homestead Road
Chapel Hill, NC 27516



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