



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. It contains three 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
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Chapel Hill, NC 27516



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