



ASHEVILLE HOUSING AUTHORITY

Housing Choice Voucher Program
165 South French Broad Avenue
Asheville, NC 28801

Business Hours: 9 a.m. – 5 p.m. Monday – Thursday

REDUCTION IN HOUSEHOLD SIZE

Head of Household Name: _____ Date reported: _____

Please note: If you are currently a participant in the Housing Choice Voucher Program and receive rental assistance, it is your responsibility to notify your current landlord as well as the Housing Authority of any reduction in your household size.

Please provide the following information in order to remove a member of your household from your lease and from your voucher or application for housing assistance.

Name of person who moved from your assisted housing unit: _____

Date he/she moved out: _____

Address where he/she moved to: _____

Above named individual has moved: permanently temporarily

If temporary, what date will he/she return to your assisted housing unit? _____

Provide names of all remaining household members: _____

Warning: Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.

Head of Household or Applicant Signature

Date