



GARFIELD COUNTY HOUSING AUTHORITY
1430 RAILROAD AVENUE, UNIT F
RIFLE, CO 81650
(970) 625-3589 or (888) 627-3589
Fax (970) 625-0859 * TTY (800) 659-2656

REQUEST TO REMOVE HOUSEHOLD MEMBER(S)

Address: _____

Current household members: _____

I am requesting the removal of the following person(s) from my household effective

 (date)

I understand that once this change has been approved by my current landlord and the Garfield County Housing Authority the above listed person(s) may not return to the unit. If I allow anyone to live in my assisted unit without authorization I could be terminated from the Housing Choice Voucher Program. **Any adult household member(s) removed from the household cannot be re-added for twelve (12) months.**

 Head of Household Signature

 Date

 Signature of adult household member being removed

 Date

 Signature of adult household member being removed

 Date



Warning: Section 1001 of Title 18 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.

