



Housing Authority

STATEMENT OF MOVE-OUT OF FAMILY MEMBERS

Date: _____

I, _____ certify that the
(Please Print Name - Head of Household)

individual or individuals listed below no longer reside in the unit:

Name	Relationship	New Address	Move Out Date

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

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

