Housing Authority of the City of Vallejo 200 Georgia St., Vallejo, CA 94590 Phone (707) 648-4507 Fax (707) 648-5249

PERSONAL DECLARATION

Removing Members

Head of Household: LAST NAME______FIRST NAME____ MI_____ ADDRESS _____ **TELEPHONE NUMBERS** HomeTelephone WorkTelephone Relatives/Friend's Telephone ______Cellular Telephone _____ E-Mail Address _____ TODAY'S DATE______ EFFECTIVE DATE_____

I request REMOVING the following person(s) from my family composition:

First Name		MI		Relationship
	Г	M1 [F]	Г	Y] [N]
Date of Birth	L	Sex	L	Disabled
] Asian/Pacific Islander [] Black [] Not Hispanic	[]American Indian/Alaska Native		
First Name		MI		Relationship
	г	M1 [E]	г	V 1 [N 1
Date of Birth	L	Sex	L	Y] [N] Disabled
] Asian/Pacific Islander [] Black [] Not Hispanic	[]American Indian/Alaska Native		
First Name		MI	R	telationship
	Г	M1 [F]		[Y] [N]
Date of Birth	L	Sex		Disabled
] Asian/Pacific Islander [] Black [] Not Hispanic	[]American Indian/Alaska Native		
	Date of Birth Asian/Pacific Islander [] Black	Date of Birth Asian/Pacific Islander [] Black [] Not Hispanic First Name Date of Birth Asian/Pacific Islander [] Black [] Not Hispanic First Name First Name Date of Birth Asian/Pacific Islander [] Black [] Date of Birth	Date of Birth Sex Asian/Pacific Islander [] Black []American Indian/Alaska Native First Name MI Date of Birth Sex MI [M] [F] Date of Birth Sex Asian/Pacific Islander [] Black []American Indian/Alaska Native [] Not Hispanic MI First Name MI [M] [F] Sex Asian/Pacific Islander [] Black []American Indian/Alaska Native [M] [F] Date of Birth Sex Asian/Pacific Islander [] Black []American Indian/Alaska Native	Date of Birth Sex [M] [F] [Sex] Asian/Pacific Islander [] Black [] American Indian/Alaska Native First Name MI [M] [F] [Sex] Asian/Pacific Islander [] Black [] American Indian/Alaska Native [] Not Hispanic First Name MI Asian/Pacific Islander [] Black [] American Indian/Alaska Native Asian/Pacific Islander [] Black [] American Indian/Alaska Native

List additional people on the back page

Housing Authority of the City of Vallejo

PERSONAL DECLARATION

Removing Members

Head of Household: LAST NAME	FIRST NAME	MI			
LASI NAME	FIRST NAME				
Explain the Reason for this Change					
	_				
FAMILY CERTIFICATION I do hereby swear and attest that all of the information provided on this PERSONAL DECLARATION for FAMILY COMPOSITON CHANGES is true and correct. I/we authorize the Housing Authority to research public records and conduct computer matching searches, including credit bureau, to verify the information provided. I/we also understand that Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.					
Signature of Head of Household	Date				
Signature of Spouse or other Adult	Date				
Signature of other Adult	Date				
Signature of other Adult	Date				

It is the policy of the Vallejo Housing Authority to provide reasonable accommodation to persons with disabilities, so that they may fully access and utilize the housing program and related services. Requests for reasonable accommodation must be made in writing. The Housing Authority must be allowed reasonable time to evaluate all requests.

The hearing impaired may call the California Relay Service at (800) 735-2922 without TTY/TDD or (800) 735-2929 with TTY/TDD.

Melinda Nestlerode is the Section 504 Coordinator. Please contact Ms. Nestlerode, Acting HCD Manager, at (707) 648-4507 for further information.

T:\Shared\FORMS\Recertification Forms\Personal Dec - Removing Members.doc