



COUNTY OF NASSAU
OFFICE OF HOUSING
40 MAIN STREET – FIRST FLOOR – SUITE C
HEMPSTEAD, NEW YORK 11550
(516)572-1900 FAX (516)572-2790
TTY (516) 572-2369

NOTIFICATION OF HOUSEHOLD MEMBER MOVE-OUT

Please complete this form and submit it to your Housing Specialist if any household member(s) move out of your housing unit. You MUST supply documentation of where this person is living: a lease, license with change of address, bills, etc., will be accepted.

Head of Household:	Date:
	Telephone #
Address:	City/State/Zip

I would like to request that the following person is removed from my household:

Name of household member moving from unit:
Date leaving unit:
Telephone #

**NO CHANGE TO YOUR HOUSEHOLD WILL BE COMPLETED
WITHOUT ACCEPTABLE DOCUMENTATION**

(SIGNATURE) Head of Household

Date