

## 1420 Fuller Ave. SE | Grand Rapids, MI 49507 (616) 235-2600 | www.grhousing.org



Head of Household's	<b>Move Out App</b>	roval Request	
(HOH) Name:	Coordinator's Name:		
	In order to remove a memb	per from your household,	
	documentation is requ	ired as listed below.	
Please provide i	nformation on the person to be	removed: (1 person per form)	
-	me: Move Out Date:		
		Age	
		Relationship to HOH:	
Source(s) of Income	to remove:		
support this removal		old. I have submitted documentation as marked below to us been removed from the household, they cannot reside pids Housing Commission.	
Checklist		TOD ODUG OFFICE HEE ONLY	
☐ NEW LEASE FOI	R THE PERSON MOVING OUT	FOR GRHC OFFICE USE ONLY	
☐ DIVORCE/SEPAI	RATION DOCUMENTS	Date received	
ADDRESS CHAN	IGE ON DRIVER'S LICENSE	Staff initials	
ADDRESS CHAN	IGE ON EMP DOCUMENT	Approved	
☐ ADDRESS CHAN	IGE ON FOC DOCUMENT	Denied/reason	
☐ PERSONAL PRO	TECTION ORDER		
Other			
Signature of Hea	d of Household Date		