



GRAND RAPIDS HOUSING COMMISSION

Head of Household's (HOH)

Move Out Approval Request

Name: _____ Coordinator's Name: _____

In order to remove a member from your household, documentation is required as listed below.

Please provide information on the person to be removed: (1 person per form)

Name: _____ Move Out Date: _____

SS#: _____ Birth date: _____ Age _____

New Address: _____ Relationship to HOH: _____

Source(s) of Income to remove: _____

I wish to remove the person named above from my household. I have submitted documentation as marked below to support this removal. I understand that once this person has been removed from the household, they cannot reside in the household without prior approval from the Grand Rapids Housing Commission.

Checklist

FOR GRHC OFFICE USE ONLY

NEW LEASE FOR THE PERSON MOVING OUT

DIVORCE/SEPARATION DOCUMENTS

Date received _____

ADDRESS CHANGE ON DRIVER'S LICENSE

Staff initials _____

ADDRESS CHANGE ON EMP DOCUMENT

___ Approved

ADDRESS CHANGE ON FOC DOCUMENT

___ Denied/reason

PERSONAL PROTECTION ORDER

Other _____

Signature of Head of Household

Date