



## Statement of Move-Out of Family Members Housing Choice Voucher Program

246 Sycamore Street, Suite 260, Decatur, GA 30030 • p 404.270.2500 f 404.270.2643

www.dekalbhousing.org

Date:				
I,	, Voucher #:,			
Print Name (Head of H	ousehold)			
certify that the individual(s) liste	ed below no longer reside in the un	it.		
Name	Relationship	New Address	Move out Date	
	of the U.S. Code makes it a criminal o to any matter within its jurisdiction	ffense to make willful false state	ments or misrepresentation to any	
Signature (Head of Household)		Date	Date	
Address				
City	y State		Zip Code	
Signature (Property Owner/Man	ager)	Date	Date	