



Out of Household Declaration

Esta es información muy importante acerca de la asistencia que le proporcionamos para la renta. Para asistencia en español por favor contacte ésta oficina al 1-800-439-7247, extensión 9210. Los servicios de un intérprete se le proveerán sin costo alguno.

To be completed by the Head of Household:

I, _____, XXX-XX-_____, certify that the individuals (s)
(Print name) (last 4 digits of SSN)
 listed below no longer reside(s) in my household.

Name	Relationship	New Address	Move Out Date

Signature of Head of Household: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Penalties for Misusing this form: WARNING! Title 18, Section 1001 of the United States code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statement to any Departments or Agencies of the United States and shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

For Staff Use Only:

Change in Voucher Size Yes _____ No _____ Annual Recertification Date: _____

4/2015

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY

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 NHHFA.org

