

# Dennis Housing Authority

167 Center Street

South Dennis, MA 02660

Tel: (508) 394-3120 Fax: (508) 760-2352 TTD: (800) 439-2370

## HOUSEHOLD COMPOSITION CHANGE

Head of Household address: \_\_\_\_\_

I, \_\_\_\_\_

(Head of Household – Print Name)

certify the household member(s) listed below no longer reside in my household:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

New Address: \_\_\_\_\_

Move Out Date: \_\_\_\_\_

Third party verification is required as proof of where the above-mentioned household member has moved to. This may be a copy of their lease and mail in their name delivered to the new residence.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date