

# NOTIFICATION OF FAMILY MEMBER MOVE-OUT

CLIENT NO. \_\_\_\_\_

UNIT NO. \_\_\_\_\_

Please complete this form in its entirety and submit it to the Leasing Department in the event that any Family Member(s) moves out of your unit.

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NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

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NAME OF FAMILY MEMBER WHO MOVED OUT: \_\_\_\_\_

DATE FAMILY MEMBER MOVED OUT: \_\_\_\_\_

NEW PLACE OF RESIDENCE OF FAMILY MEMBER WHO MOVED OUT:

STREET ADDRESS: \_\_\_\_\_

CITY & STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

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This form must be notarized before the Family Member is to be removed from the lease.

NOTARY PUBLIC

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**RETURN FORM TO:**  
HOUSING AUTHORITY OF THE COUNTY OF COOK  
PO BOX 430, 1710 EAST END AVENUE  
CHICAGO HEIGHTS, ILLINOIS 60412  
T: 708-755-1700 F: 708-755-4047 TTY: 708-755-4806



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