



# PIEDMONT TRIAD REGIONAL COUNCIL

1398 CARROLLTON CROSSING DRIVE  
KERNERSVILLE, NC 27284  
(336) 904-0300  
MATTHEW L. DOLGE • EXECUTIVE DIRECTOR



## REQUEST TO REMOVE HOUSEHOLD MEMBER

To be completed by Head of household

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

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

TELEPHONE # \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name of person to remove from rental household composition:

\_\_\_\_\_

\_\_\_\_\_  
Last First Middle Initial

\_\_\_\_\_  
Date of Birth Social Security Number Age Sex

Does this person have dependents? \_\_\_Yes \_\_\_No

If yes, who? \_\_\_\_\_

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

Move out date: \_\_\_\_\_

**In order for your request to be processed, you must attach one of the following documents with your request. If all required documents are not submitted, your request will NOT be processed.**

- Removing Minor**
- Updated residence on school records
  - Medical Stay (Rehab/Therapy) Records
  - Jail Records (Incarcerated)
  - Current lease from their new landlord
  - Death certificate/ Obituary

- Removing Adult**
- Utility Bill for new address
  - Medical Stay (Rehab/Therapy) Records
  - Jail Records (Incarcerated)
  - Current lease from their new landlord
  - Death certificate/ Obituary

I certify that the above information is accurate and understand that providing false statements is punishable under federal law and may result in loss of rental assistance.

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

\_\_\_\_\_  
Date