

## REDUCTION IN FAMILY COMPOSITION

Name of Caseworker: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Family Member who is no longer in the household: \_\_\_\_\_  
(If Co-Head or Spouse – He/She must sign themselves off the program)

Date family member left the household: \_\_\_\_\_

Address of family member who is no longer in household: \_\_\_\_\_  
\_\_\_\_\_

**Due to the reduction in your family size, you may be required to move into the appropriate size unit at your next Annual Recertification.**

Family members remaining in household:

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

Head of Household: \_\_\_\_\_  
Signature Date

Co-Head/Spouse: \_\_\_\_\_  
Signature Date

**WARNING!** Title 18, Section 1001 of the United States Code, states a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States government.

Please return form to: **Admissions/Recertification  
Macon-Bibb County Housing Authority  
PO Box 4928  
Macon GA 31208-4928**