



# CITY OF GARDEN GROVE

## HOUSING AUTHORITY

Knowing there is a penalty for making a false statement under the United States Criminal Code, I hereby certify that the following is a true and full statement.

### STATEMENT OF DELETION OF FAMILY MEMBER

I, \_\_\_\_\_ hereby certify that \_\_\_\_\_  
(Head of Household) (Family Member Being Deleted)

no longer resides with me and has no use of the residence as of \_\_\_\_\_.  
(Date of Deletion)

His/her new address is \_\_\_\_\_.

His/her new telephone number is \_\_\_\_\_. I understand

that he/she is removed from the Garden Grove Housing program. Furthermore, I also understand that he/she must remove all of his/her belongings and cannot use my address to receive mail. I further understand that my housing assistance may be terminated and I may be required to reimburse the Housing Authority for any Housing Assistance Payment made on my behalf for any period of time in which the deleted family member has use of the assisted residence without the written permission of the Housing Authority.

I certify that the above information is correct and accurate to the best of my knowledge and the above information has been explained to me and I fully understood.

Tenant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_ Date \_\_\_\_\_