



Housing Assistance
2015 Felton Avenue
PO Box 4928
Macon, GA 31208

REDUCTION IN FAMILY COMPOSITION

Section 8
 Public Housing

Name of Caseworker or RSC: _____

Date Reported: _____

Family Member who is no longer in the household: _____

Date family member left the household: _____

Address of family member who is no longer in household: _____

Family members remaining in household:

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

Head of Household: _____
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 Housing Authority
PO Box 4928
Macon GA 31208-4928