



Rental Assistance Office
1090 Main Street
Brockton, MA 02301
Tel: 508 – 588-6880
Fax: 508 – 559 – 0430

BROCKTON HOUSING AUTHORITY
Reduction in Family Size

Please complete the questions below:

Name of family member that has moved out. _____

What date did this person move out? _____

New Address:

Street address

City

State

Zip Code

Owner information for new residence:

Name

Address

Have they left your residence: permanently _____ temporarily _____

If temporarily absent please state the reason: _____

List the all the names of the remaining members of your household:

I certify that the information contained herein is true and correct.

Signature

Date

Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any department or agency of the United States is guilty of a felony.