



“Equal Housing Opportunities”

6327 Rivers Avenue
North Charleston, SC 29406
Telephone (843) 747-1793
Facsimile (843) 744-3466

REQUEST FOR INTERIM RE-CERTIFICATION: DEPARTING HOUSEHOLD MEMBER

Please be advised that the following household member has moved out or intends to move out of my household:

Name: _____
Date of Birth: _____
Social Security #: _____

This person has moved out; or intends to move out, as of the following date: _____

Please process an interim re-certification to account for this departure.

I understand and acknowledge that following:

1. NCHA will do an interim change to recalculate my portion of rent to account for the departure of the person named above and depending on my voucher size and unit size, my portion of rent may increase.
2. My voucher size is determined by the number of people that reside in my household and I am aware that my voucher size may decrease.

Head of Household's Signature

Date

Address

Phone Number(s)

City

State

Zip

For Office Use Only:

Received By: _____

Date: _____