



Hernando County Housing Authority

621 W. Jefferson Street
Brooksville, FL 34601

AFFADAVIT OF RESIDENCY

I, _____, hereby certify that _____ is no longer
(Head of Household's Name) (Name of Family Member Being Removed)
residing in my unit as of _____.
(Date of Move Out)

He / She now resides at:

(Street Address)

(City, State, Zip)

Head of Household Signature

Date

Head of Household Information:

(Street Address)

(City, State, Zip)

(_____) _____
(Phone Number)

Notary:

State of Florida
County of _____

Sworn to (or affirmed) and subscribed before ____ day of _____, 20____. By

Personally known _____ -OR- Produced Identification _____
Identification Produced _____

Signature of Notary

Seal Stamp Above

Printed Name of Notary

This form is in addition to your Housing Choice Voucher Family Obligations