

SYRACUSE HOUSING AUTHORITY
Housing Choice Voucher Program (Section 8)
312 Gifford Street, 9th Floor
Syracuse, New York 13204
Phone (315) 470-4400 Fax (315) 470-4436

LEASE REMOVAL REQUEST

Date _____

I, _____ **THE HEAD OF HOUSEHOLD AT**
(Name)

_____, **STATE THAT AS OF**
(Address)

_____, **NO LONGER**
(Date Member Left) (Household Member's Name)

LIVES IN MY HOUSEHOLD.

HE/SHE IS LIVING AT _____.

HIS/HER LANDLORD IS _____

HEAD OF HOUSEHOLD'S SIGNATURE

ON THE _____ **DAY OF** _____, **20**_____, **BEFORE ME CAME**
PERSONALLY _____.

NOTARY OR COMMISSIONER OF DEEDS