

## Hernando County **Housing Authority**

621 W. Jefferson Street Brooksville, FL 34601

## **AFFADAVIT OF RESIDENCY**

I,(Head of Household's Name)	, herby certify that	(Name of Family Member Being Removed)	_ is no longer
residing in my unit as of	Oate of Move Out)	` ,	
He / She now resides at:			
(Street Address)			
(City, State, Zip)			
Head of Household Signature		Date	
Head of Household Information:			
(Street Address)	(	(Phone Number)	
(City, State, Zip)			
Notary:  State of Florida  County of			
Sworn to (or affirmed) and subscribed	before day of	. 20 By	
Personally knownOR- Pro Identification Produced	duced Identification		
		Signature of Notary	
Seal Stamp Above		Printed Name of Notary	