Holly Springs Housing Authority
P.O. Box 550
Holly Springs, MS 38635

Request to Remove
Dependent or Spouse from Lease Agreement

Head of Household: _____
Address: _____

I, _____ am requesting the Housing Authority to remove the following person(s) from my lease agreement and to adjust income and other pertinent information accordingly.

1. _____
2. _____
3. _____

_____
Signed

_____
Housing Authority Representative

_____
Date

Holly Springs Housing Authority
P.O. Box 550
Holly Springs, MS 38635

Request to Add
Dependent or Spouse to Lease Agreement

Head of Household: _____
Address: _____

I, _____ am requesting the Housing Authority to add the following person(s) to my lease agreement per office approval and to adjust income and other pertinent information accordingly.

1. _____ Age:_____
2. _____ Age:_____
3. _____ Age:_____

_____
Signed by Head of Household

_____
Housing Authority Representative

_____
Date