

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)  
 Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)  
 A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)

## ABSENCE NOTIFICATION FORM

Please complete this form if the head of household will be absent from the apartment for longer than fourteen (14) days or a household member will be absent for more than three (3) months during any twelve (12) month period.

Head of Household Name: \_\_\_\_\_

Absent Household Member Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_

Address during absence: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Reason for absence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant Signature (if applicable)

\_\_\_\_\_  
Date

### CHA USE

Good cause reason for absence of more than three (3) months during any twelve (12) month period:

Illness       Full time student       Military service       Other \_\_\_\_\_