

REQUEST OF CHANGE IN FAMILY COMPOSITION

Head of household's Name: _____ Date: _____

Address: _____ Unit # _____

Telephone: _____ Email: _____

REMOVE FROM HOUSEHOLD: *(Please provide full name & new address of person being removed.)*

Name: _____

New Address: _____

Reason for Removal: _____

ADD TO HOUSEHOLD: *(Please provide full name of person being added and complete all fields.)*

Name: _____

Birthdate: ___/___/____ Social Security #: _____ - _____ - _____ Gender: ___ Male ___ Female

Relationship to Head of Household: _____

Does this person have ANY source of income? ___ Yes ___ No

If Yes, list gross income per month and from where: _____

Does this person have ANY dependents? ___ Yes ___ No

If Yes, please list dependents names, social security numbers and birthdates:

If adding an adult, the adult must complete an application. Proceed with application process and submit this form with the application.

*******TURN OVER*******

Please attach supporting documents of proof. If documents are not provided, the request WILL NOT be processed.

ADDING 18 YEARS OR OLDER:

- | | | |
|--|---|---|
| <input type="checkbox"/> Change of Family Composition Form | <input type="checkbox"/> State picture ID (must NOT be expired) | <input type="checkbox"/> HUD Authorization of Release of Information Form |
| <input type="checkbox"/> Proof of Income | <input type="checkbox"/> U.S. Declaration of Citizenship Form | <input type="checkbox"/> Criminal Background Form |
| <input type="checkbox"/> Social Security Card | | <input type="checkbox"/> Disposal of Assets Form |

ADDING UNDER 18 YEARS OF AGE:

- | | | |
|--|---|--|
| <input type="checkbox"/> Change of Family Composition Form | <input type="checkbox"/> U.S. Declaration of Citizenship Form | <input type="checkbox"/> Court Awarded Document (notarized letter or Power of Attorney not acceptable) |
| <input type="checkbox"/> Social Security Card | | |

REMOVING OVER 18 YEARS:

- | | | |
|--|---|--|
| <input type="checkbox"/> Change of Family Composition Form | <input type="checkbox"/> Copy of updated State ID or utility bill for removed family member showing his/her new address | <input type="checkbox"/> Lease or letter from new owner/manager showing removal from household |
| <input type="checkbox"/> Death Certificate/Obituary | | |

REMOVING UNDER 18 YEARS OF AGE WITH INCOME:

- | | |
|---|--|
| <input type="checkbox"/> Proof of Address | <input type="checkbox"/> Change of Family Composition Form |
| <input type="checkbox"/> Proof of Beneficiary Change (Child support, SSI, TANF) | <input type="checkbox"/> Death Certificate/Obituary |

REMOVING UNDER 18 YEARS OF AGE WITH NO INCOME:

- | | |
|--|---|
| <input type="checkbox"/> Change of Family Composition Form | <input type="checkbox"/> Death Certificate/Obituary |
|--|---|

IMPORTANT: We must receive your written notice of a change in family composition within 10 business days of the change. If this form is not filled out and/or supporting documentation is not attached, the review may be delayed until adequate documentation of the change had been verified. If changes are reported late or not at all, you may owe for back rent and you may risk losing your housing subsidy.

I (print head of household's name) _____ hereby acknowledge that the rent amount may change and I could be required to move to a different unit at the site as a result of a change in family composition. I also authorize owner/manager to verify the information provided by me on this form. I understand that if this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. I understand that such verification may include contacting any appropriate governmental agencies, employers, or individuals identified on this form or in the supporting documentation.

HEAD OF HOUESHOLD'S SIGNATURE: _____ DATE: _____