

REPORT OF CHANGE IN FAMILY COMPOSITION
(Green Form)

HEAD OF HOUSEHOLD: _____ PHONE: _____
 HOME ADDRESS: _____ FILE #: _____
 EFFECTIVE DATE: _____

I WOULD LIKE TO ADD THE FOLLOWING PERSON(S) TO MY HOUSEHOLD

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

You must attach the following documents for each additional household member in order for this request to be processed. Failure to provide this information will result in denial of this additional household member. Additional household members are subject to approval by the Housing Authority. Do not move people into your household until they have been approved.

<p>Documents required to add adult(s) to household</p> <input type="checkbox"/> Photo ID <input type="checkbox"/> Social Security Card <input type="checkbox"/> Income and asset verification <input type="checkbox"/> Written permission from the landlord <input type="checkbox"/> Signed release forms from new household member	<p>Documents required to add children to household</p> <input type="checkbox"/> Birth certificate <input type="checkbox"/> Social Security card <input type="checkbox"/> Income information (if any; Foster Care, SSI, etc.) <input type="checkbox"/> Written permission from the landlord
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I WOULD LIKE TO REMOVE THE FOLLOWING PERSON(S) FROM MY HOUSEHOLD

Last Name	First Name	MI	Date of Birth	Relationship	Sex	Disabled

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to a Department or Agency of the U.S. as to any matter within its jurisdiction. *I declare, under penalty of perjury, that the information above is true and complete.*

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

