



Request for Family Composition Change

REV: 11/2021

HOH/Co-Head:

Phone #:

Address:

Email:

Addition's Name: _____

(*Spouses/mates/significant others will be added as Co-Head)

Deletion's Name: _____

Does the Addition have Minor Children not listed on this request? Yes/No

Reason for deletion: _____

Is this a request for a Living Aide? Yes/No

PHA WILL NOT APPROVE THE ADDITION OF A FAMILY CONSISTING OF MORE THAN ONE MEMBER TO THE LEASE; SUCH FAMILIES CAN APPLY FOR THEIR OWN UNIT. PHA WILL NOT APPROVE THE ADDITION OF NEW FAMILY OR HOUSEHOLD MEMBERS OTHER THAN BY BIRTH, ADOPTION, COURT-AWARDED CUSTODY, OR SPOUSE/SIGNIFICANT OTHER, IF IT WILL REQUIRE THE FAMILY TO TRANSFER TO A LARGER UNIT, UNLESS THE FAMILY CAN DEMONSTRATE THAT THERE ARE MEDICAL NEEDS OR OTHER EXTENUATING CIRCUMSTANCES, INCLUDING REASONABLE ACCOMMODATION. EXCEPTIONS WILL BE MADE ON CASE-BY-CASE BASIS.

Forwarding Address: _____

Provided:

- Birth Certificate
- Social Security Card
- Proof of Address
(lease/notarized statement from property owner)
- Current Picture ID
- Proof of Income(s)
- Bank Statements
- Other: _____

Provide ONE of the following documents:

- A Lease (All pages must be provided) OR Notarized Statement from property owner.
- Picture I.D. with new address
- Income source with new address

Sources of Income for addition: _____

TO MAKE THE REQUEST COMPLETE AND VALID, THE TENANT MUST:

- 1) READ, SIGN, AND DATE THE APPLICANT/TENANT CERTIFICATION.
- 2) SUBMIT PROOF OF CHANGES

Reason for addition: _____

Changes will go into effect after BHA verifies and processes all information provided.

Did addition ever live in BHA: Yes / No

If yes, who was the HOH: _____

Address: _____

HOH/Co-Head Signature:

DATE:

Staff Signature:

DATE: