

Documentation of Change in Household Composition

Resident Name: _____

Address: _____ Unit #: _____

On _____ the following change in household composition took place:
Date of change

The following new household member(s) moved in:

MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	STUDENT Y/N	SOCIAL SECURITY #

The following household member(s) moved out:

Name(s): _____

Name(s): _____

Name(s): _____

Note: As long as at least one original household member resides in the unit, the household will be considered the "same" household that qualified for initial occupancy. If the last remaining original household member wishes to vacate, then the remaining members would be considered a "new" household and must qualify under the applicable income limits. An Initial Tenant Income Certification must be completed.

Check here if at least one original household member resides in the unit.

The next annual recertification for this unit is due _____. The above change will be reflected in this recertification.

Notes: _____

Manager signature: _____ Date: _____
 Print your name: _____ Tel. #: _____
 Title: _____