

# FAMILY COMPOSITION CHANGE FORM

Client Name (HOH) Name: \_\_\_\_\_ Client Address: \_\_\_\_\_

Each family must identify the individuals to be included in the household at the time of application, and must update this information if the family's composition changes. Applicants are responsible for updating pre-applications and full applications whenever there are changes in family composition, income, address or telephone number. Failure to timely update pre-applications and full applications may result in a delay in housing or the family being withdrawn from the Waiting List(s).

**Directions:** Please complete the form below, which will enable you to inform PAPMC of your change in family composition in addition to the following:

- **Composition Additions:** Must attach copies of the birth certificate, adoption and/or court papers and request in writing. Please note, you must complete this task whenever there are changes in family composition.
- **Composition Deletions:** Any deletions to the household must be done in writing and must be accompanied by verification to support the requested deletion to the household.

## Family Member Addition(s)

I, (Print Name) \_\_\_\_\_ would like to add the following household members to/from my public housing application;

**Birth:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Adoption:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Court Awarded Custody:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Marriage:**

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Reason for addition to the household \_\_\_\_\_

**I certify that the above information is true and correct.**

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PAPMC Staff

\_\_\_\_\_  
Date

**PAPMC Supervisory Manager's review and approval is required for addition(s) to family composition other than birth or adoption of a child.**

Reviewed and approved by PAPMC: \_\_\_\_\_

Reviewed and disapproved by PAPMC: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Household Members No Longer Residing in the Unit

1. If a family member no longer resides in the unit, the family must notify PAPMC within 15 days from the date the family member moved out of the unit.
2. When a family member no longer resides in the unit, the family must provide verification that the family member has moved out.
3. Verification includes, but is not limited to:
  - a. A Driver's License with the new address
  - b. A utility bill with the new address
  - c. Notarized statement attesting to the new address
  - d. A Death Certificate
  - e. Verification from a Nursing Home, a letter from the family member's new landlord, a certification from the family member who has moved or a certification from the Head of Household that the family member no longer resides in the unit.

No.	Name	Relationship to HOH	Move-Out-Date	Reason
1.				
2.				
3.				
4.				

1. Forwarding Address: \_\_\_\_\_

Verification Method: \_\_\_\_\_

2. Forwarding Address: \_\_\_\_\_

Verification Method: \_\_\_\_\_

3. Forwarding Address: \_\_\_\_\_

Verification Method: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of PAPMC Staff

\_\_\_\_\_  
Date

Head of Household: \_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

Notary: \_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Commission Expires

\_\_\_\_\_  
Date

Reviewed by PAPMC: \_\_\_\_\_  
PAPMC Staff Name Date

Notes: \_\_\_\_\_  
\_\_\_\_\_