

FAMILY COMPOSITION CHANGE FORM

 Client Name (HOH) Name:
 Client Address:

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

- Composition Additions: Must attach copies of the birth certificate, marriage license, 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 t	he following
household members to my public housing	ng family composition;		
[] 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 tru	ae and correct.		
Signature of Client	Date	Signature of PHA/PAPMC Staff	Date
PHA/PAPMC Supervisory Manager's readoption of a child.	eview and approval is required for	addition(s) to family composition other that	n birth or
Reviewed and approved by PHA/PAP Reviewed and disapproved by PHA/PAP			

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 PHA/PAPMC within 30 calendar 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.

#	Name	Relationship to HOH	Move-Out-Date	Reason
1				
2				
3				
4				

1. Forwarding Address:	
Verification Method :	

Signature of Client	Date	Signature of PHA/PAPMC Staff	Date			
Head of Household:						
	Name and Signature		Date			
Notary:						
	Name and Signature		Date			
	Date Commission Expires		Date			
Reviewed by PHA/PAPMC:						
	Property Manager Signature		Date			
Notes:						