



Date/Time Stamp:

**FAMILY COMPOSITION CHANGE FORM
ADDITION OF FAMILY MEMBER**

Name of Head of Household: _____

Address: _____

- The family must inform LHAND of the birth, adoption or court-awarded custody of a child within:
 - Federal HCV: 10 days of the addition
 - DHCD HCV: 15 business days of the addition
 - State PH, AHVP and MRVP: 30 days of the addition
- Other than birth, adoption or court awarded custody of a child, requests to add an individual must be made to both LHAND and the landlord and **approved** by both **prior to the individual moving into the unit**. State and Federal Public Housing families are not required to obtain landlord approval.
- A de-lead certificate must be on file when a household member under the age of six (6) is added. This is not applicable to families in state or federal public housing.

Check the applicable box to indicate the reason for the addition to the household and provide the requested information.

- Birth
- Adoption: Effective Date: _____
- Court Awarded Custody: Effective Date: _____
- Marriage: Effective Date: _____
- Other: Effective Date: _____

Enter Reason for Addition to the Household _____

Complete the sections below for the new household member(s). Attach copies of the birth certificate, Social Security card and photo ID (adults only). Attach (if applicable), Alien Registration card, adoption and/or court papers, and income/asset and documentation for new household member(s).

LEGAL NAME: (as it appears on Social Security Card) First, Middle Initial, Last	Relationship to Head of Household	Date of Birth	Gender (M/F)	* Race / Ethnicity	Full-Time Student (Yes/No)	Social Security #
				/		
				/		
				/		

*Race Codes: 1 = CAUCASIAN/WHITE, 2 = AFRICAN AMERICAN/BLACK, 3 = AMERICAN INDIAN or ALASKAN, 4 = ASIAN, 5 = NATIVE HAWIIAN/other PACIFIC ISLANDER
Ethnicity Codes: 1 = HISPANIC, 2 = NOT HISPANIC Please use both Codes (one on each side of the slash) for each member. Example: 2/2 (BLACK/NOT HISPANIC)

INCOME: Income Sources include money from wages, self-employment, Unemployment, alimony, child support, and regular contributions or gifts received from persons not residing in the dwelling, TAFDC, Social Security, SSI, SSP, retirement, Pensions, Disability, Workman's Comp, Military pay, Veteran Benefits, Rental Property Income, and all other sources.

List **all** income earned or received by **the new** household member(s).

Household Member Name	Income Source (ex. wages, child support)	Name & Complete Mailing Address of Income Source	Gross Amount	Frequency
			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly

ASSETS: Assets include Checking, Savings, 401k, IRA, CD, Money Market, Stocks, Bonds, Retirement Accounts, Personal Property held as an investment, and all other assets. Does the new household member have any assets? **Yes** **No** If Yes, list below.

List **all** Assets held by **the new** household member(s). *Cash value is the market value minus any costs/penalties/fees required to convert to cash.

Household Member Name	Type of Asset (ex. checking, retirement account)	Name & Complete Mailing Address of Financial Institution	*Cash Value/ Balance	Interest Rate
			\$	%
			\$	%
			\$	%

If the head of the household and/or spouse is elderly or disabled, provide documentation for unreimbursed medical, disability assistance and/or childcare expenses, if applicable.

I certify that the information given to the LHAND on the new household member(s) information, including income and assets is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal and state laws and are grounds for termination of housing assistance and termination of tenancy.

Head of Household: _____
Name and Signature Date

New Household Member: (adults only) _____
Name and Signature Date

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

Manager review and approval is required for additions to family composition other than birth, adoption, marriage or court awarded custody of a child

Approved Disapproved

Reason for Disapproval: _____

Manager: _____
Name and Signature Date