



INVESTING IN COMMUNITIES

HOW TO SUCCESSFULLY REPORT A CHANGE IN HOUSEHOLD COMPOSITION

If you are requesting to ADD someone to your household

All additions, except for birth, must have the prior approval of the owner and the PHA. **An additional member, except by birth, may not move into the assisted unit without written approval from the Housing Authority and Landlord.** Approvable additions may include (refer to SHRA's 2015 Administrative Plan):

- Spouse/partner and their minor children
- Minor child(ren) who had been part of the assisted household who moved out and is returning to the household. *The person must still be a minor when you request to re-add them to the home*
- PHA pre-approved live-in aide
- Complete the attached Change of Household Composition form.
- A certified birth certificate (issued by the Department of Vital Statistics) and social security card is **required for all minors** (including birth of a child) requesting to be added (do not submit originals). You may also be required to submit proof of custody for minor child(ren) whom has been living outside of the assisted unit.
- The Case Worker will review the request, and a Landlord Authorization will be sent to the Participant (if eligible).
- All adults will require an appointment to complete additional forms and a background check is required.

Head-of-households requesting to add a minor child (who is not biologically related to the Head of Household or Spouse) will be required to provide additional documentation. For example, an approvable document includes court documents or placement paperwork confirming guardianship or placement of the minor child.

If you are requesting to REMOVE someone from your household

- Complete the attached Change in Household Composition form.
- The Housing Authority may request additional verification of new address (i.e. Lease agreement, rent receipts or utility bills with new address).
- Removing household members may reduce the voucher size at the Annual Re-certification or at the time the family moves.



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REPORT CHANGE OF FAMILY COMPOSITION

INVESTING IN COMMUNITIES
Phone # _____

Head of Household Name _____ T-code _____

CHANGE BEING REPORTED (Please check the applicable boxes):

I. ADD A MEMBER TO THE HOUSEHOLD

An additional member may not move into the assisted unit without written approval from the Housing Authority and Landlord (except for birth).

You must provide a certified birth certificate, Social Security card and/or proof of custody for all minor children (including birth of a child) that you are applying to add to your household.

Eligible add-ons are: Spouse/Partner and their minor children, Minor Children related to Head of Household, or PHA pre-approved Live-In Aide.

NAME	RELATION TO HEAD OF HOUSEHOLD	CURRENT ADDRESS OF PERSON BEING ADDED (street, city state & zip)	DATE OF BIRTH (MM/DD/YYYY)	SOCIAL SECURITY NUMBER

II. REMOVE A MEMBER FROM THE HOUSEHOLD

I, _____, am requesting to remove the following family member(s) from my household.

NAME OF HOUSEHOLD MEMBER	RELATION TO HEAD OF HOUSEHOLD	DATE OF BIRTH (MM/DD/YYYY)	Last 4 digits of SOCIAL SECURITY NUMBER	DATE MOVED (MM/DD/YYYY)
			***_**_	
			***_**_	
			***_**_	
			***_**_	

III. CERTIFICATION:

I declare, under penalty of perjury, that the above information is true and complete. **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

Signature of Head of Household

Date

**ALL ADULTS MUST SIGN THE ATTACHED
SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION FORM**



SHRA-AUTHORIZATION FOR RELEASE OF INFORMATION

Housing Choice Voucher Program, 630 I Street, Sacramento, CA 95814

CONSENT: I authorize and direct any and all listed below to release to THE SACRAMENTO HOUSING & REDEVELOPMENT AGENCY any information or materials needed to complete and verify my application, eligibility for assistance, and continued eligibility under the Housing Choice Voucher, Mod-Rehab, Low-Income Public and Indian Housing and/or other housing assistance program(s). I understand and agree that this authorization or the information obtained pursuant to its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

I also consent for HUD or the PHA to release information from my file about my rental history to HUD credit bureaus, collection agencies, or future landlords. This includes records of my payment history, and any violation of my lease or PHA policies.

INFORMATION COVERED: I understand that depending on program policies and requirements, previous or current information regarding my household or myself may be needed. Verifications and inquiries that may be requested include but are not limited to:

Identity and Marital Status	Credit Activity	Medical or Childcare Allowances	Residences and Rental Activity
Household Composition	Criminal Activity	Employment	Income/Assets

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED: The groups or individual that may be asked to release the above information (depending on program requirement), include but are not limited to:

Landlords (including Public Housing Agencies)	Past and Present Employers	Veterans Administrations	Banks and other Financial Institutions
Schools and Colleges	Welfare Agencies	Retirement Systems	Court Clerks
Medical Facilities	Credit Providers	Credit Bureaus	State Unemployment Agencies
Postal Office	Law Enforcement Agencies	Social Security Administration	Medical & Childcare Providers
Utility Companies	Foster Care Providers	Support & Alimony Providers	Workmen's Compensation Payers
Trust Funds	Department of Motor Vehicles	Support Service Providers	Insurance Agencies

COMPUTER MATCHING NOTICE AND CONSENT: I understand and agree that HUD or the Public Housing Agency may conduct computer-matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, U.S. Postal Service, Social Security Administration, State & County welfare and food stamp agencies.

CONDITIONS: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for fifteen months from the date signed. I understand that I have a right to review my file and correct any information that I can prove is incorrect.

Signature – Head of Household	Print Name – Head of Household	Date
Signature Spouse/Co-Head	Print name Spouse/Co-Head	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date
Signature – other adult	Print Name – other adult	Date

Note: This general consent may not be used to request a copy of tax return. IRS form 4506 – “Request for Copy of Tax Form” must be prepared and signed separately.

