

REPORT OF CHANGE OF FAMILY COMPOSITION

PLEASE PRINT AND FILL OUT COMPLETELY

Head of Household: _____ Telephone: _____

Social Security Number: _____

CHANGE BEING REPORTED
(Please check the applicable boxes)

- Removing a member from the household
 - I am requesting to add an additional family member to my household
- *I understand that an additional member may not be added to my lease and may not move into the subsidized unit until the request has been formally approved by the Aurora Housing Authority and Landlord.
*Criminal Background checks will be conducted for all adult additions.

Additional Information Required:

Adding Adult:

- Social Security Card
- State Issued Photo I.D./Birth Certificate
- Declaration of Section 214 Status
- Approval Letter from Landlord
- Income Information/Verification

Adding Minor:

- Social Security Card
- Birth Certificate
- Declaration of Section 214 Status
- Court Awarded Custody (if applicable)
- Adoption Documents (if applicable)

FAMILY COMPOSITION - I am requesting to ADD or REMOVE the following family member(s):

Name _____	Relationship _____	SSN: _____ DOB: ___/___/___	Sex: _____ __ Male __ Female	U.S. Citizen: _____ __ Yes __ No	Race: _____ __ White __ Asian __ Black/African American __ American Indian/Alaska Native __ Native Hawaiian/Other Pacific Islander Hispanic/Latino: __ Yes __ No	<input type="checkbox"/> Add <input type="checkbox"/> Remove Date moved: ___/___/___
Name _____	Relationship _____	SSN: _____ DOB: ___/___/___	Sex: _____ __ Male __ Female	U.S. Citizen: _____ __ Yes __ No	Race: _____ __ White __ Asian __ Black/African American __ American Indian/Alaska Native __ Native Hawaiian/Other Pacific Islander Hispanic/Latino: __ Yes __ No	<input type="checkbox"/> Add <input type="checkbox"/> Remove Date moved: ___/___/___
Name _____	Relationship _____	SSN: _____ DOB: ___/___/___	Sex: _____ __ Male __ Female	U.S. Citizen: _____ __ Yes __ No	Race: _____ __ White __ Asian __ Black/African American __ American Indian/Alaska Native __ Native Hawaiian/Other Pacific Islander Hispanic/Latino: __ Yes __ No	<input type="checkbox"/> Add <input type="checkbox"/> Remove Date moved: ___/___/___

INCOME – List below all changes of income for current household members or for new members you are requesting to add to the household:

Name of Household Member	Source of Income (Employment, SS, SSI, TANF, OAP, AND, etc.)	Amount	Frequency (Weekly, Monthly, etc.)	Start/End Date

It is unlawful to “knowingly and willfully” make any materially false, fictitious, or fraudulent statements or representation” to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years [18 U.S. Code § 1001]. I declare, under penalty and perjury under the laws of the United States of America and the State of Colorado, that the information above is true, correct, and complete.

_____	_____	_____	_____
Head of Household	Date	Signature of Spouse	Date
_____	_____	_____	_____
Other Family Member 18 and over	Date	Other Family Member 18 and over	Date
_____	_____	_____	_____
Other Family Member 18 and over	Date	Other Family Member 18 and over	Date





CONSENT: I authorize and direct any and all listed below to release to the AURORA HOUSING AUTHORITY any information or materials needed to complete and verify my application and eligibility for assistance under the Housing Choice Voucher, Mod-Rehab, 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.

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

Banks and Other Financial Institutions	Child Care Providers	Child Support Agencies	College Admissions/Educational Aid
Employment-Past & Present Employers	Medical Providers	Medical Providers	Postal Office
Public Assistance Agencies	Public Utility Companies (Xcel, Aurora Water, etc.)	Retirement Systems	Social Security Administration
Support Service Providers	Veteran's Administration	Unemployment Administration	Workmen's Compensation

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

This Authorization must be signed by each household member 18 or older. Failure to sign this form may result in the denial of eligibility or termination of assisted housing benefits, or both. 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 15 months from the date signed.

