

Household Composition Change Form

All program participants are responsible for reporting **IN WRITING** any changes in income and/or family composition to their KHA Housing Specialist within 14 days of the change. **IN WRITING** means a completed **CHANGE REPORT** along with verification to support the change.

CHANGE REPORTS WITHOUT THE APPROPRIATE VERIFICATION ATTACHED WILL NOT BE ACCEPTED!

Head of Household: _____ Telephone: _____
KHA Caseworker: _____ New telephone number

The family must inform the Housing Authority in writing of the birth, adoption or court ordered custody of a child (you will be asked to provide court documentation.) The family must request the Housing Authority's approval to add any other household member as an occupant of the unit, as well as written approval from the landlord.

ADDING AN INDIVIDUAL TO HOUSEHOLD:

DO NOT ADD ANYONE TO YOUR HOUSEHOLD UNTIL THE KENOSHA HOUSING AUTHORITY HAS APPROVED IT

New Person(s) Information: (Additional Lines on the Back)

1) _____
First Name Middle Initial Last Name Relationship to you

Previous Address (unless newborn) Social Security Number Date of Birth Sex M/F

2) _____
First Name Middle Initial Last Name Relationship to you

Previous Address (unless newborn) Social Security Number Date of Birth Sex M/F

Documents Required:

- Birth Certificate
- Drivers Licenses or State ID (if 18 years or older)
- Legal documentation from court system showing that you have legal guardianship (if not your child/children)
- Marriage Certificate
- Proof of any income received for this person (Wages, Child Support, SSI, W2, etc.)
- Social Security Card

Note: A criminal background investigation will be requested for individuals age 18 and older.

REMOVING AN INDIVIDUAL FROM HOUSEHOLD:

Person to Remove: (Additional Lines on the Back)

1) _____
First Name Middle Initial Last Name Relationship to you

Reason for Removal of Individual

WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government.
I hereby give Kenosha Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and/or attached.

Signature: _____

Date: _____