

DECLARATION OF CHANGE IN HOUSEHOLD COMPOSITION AND INCOME

The purpose of this form is to report any changes that have occurred to a household since an application was submitted for Section 8 subsidy. Complete this form to request to add or remove people from the household composition; or to report changes of income or assets for members of the household. All proposed additions to the household of a person age 18 and over will be screened for criminal background and lifetime sex offender registration.

TO BE COMPLETED AND SIGNED BY THE HEAD OF HOUSEHOLD AND NEW HOUSEHOLD MEMBER:

Are you requesting to **add a person** to the household?

Yes **No** If yes, complete Part A. The new household member must also sign the second page of this form.

Are you requesting to **remove a person** from the household?

Yes **No** If yes, complete Part B.

Are you reporting a **change in income or assets** for an existing member of the household?

Yes **No** If yes, complete Part C.

PART A: REQUEST TO ADD A PERSON TO THE HOUSEHOLD

_____/_____/_____ _____ _____ _____
LAST NAME (OF PERSON TO BE ADDED) **FIRST NAME** **RELATIONSHIP TO HEAD OF HOUSEHOLD** **SOCIAL SECURITY NUMBER**

_____/_____/_____ **Sex:** Male Female **Are you disabled?** Yes No **Are you a student?** Yes No
BIRTH DATE If yes and do not receive SSI, read and have completed Form 3: Verification of Disability. If yes and member is 18 or older, have Form 8. Verification of Student Status completed.

Declaration of Citizenship Status Citizen Non-citizen with Eligible Immigration Status Non-citizen
 I CHOOSE NOT TO DECLARE MY IMMIGRATION STATUS If a household member selects not to declare his or her immigration status, subsidy will be based on the number of eligible citizens and legal residents.

If your status is "Citizen," provide documentation such as a birth certificate, a passport, or naturalization papers. If your status is "non-citizen with eligible immigration status," you must provide one of the following documents: 1) Alien Registration Card (Form I-551), 2) Arrival/Departure Record (I-94), 3) Temporary Resident Card (I-688), Employment Authorization Card (I-688B).

Are you employed? Yes No If Yes, please complete the sections below and Form 4: Verification of Wages. If No, also complete the section below and submit documentation for all other sources of income received. Please review the "What is Income?" form to understand the different types of income.

INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ _____	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (IF OTHER THAN EMPLOYMENT):
INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ _____	AMOUNT \$ _____ PER _____	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (IF OTHER THAN EMPLOYMENT):

Do you have any assets? Yes No If Yes, please read the form "What is an Asset?" complete the section below, and include documentation from each institution for each account.

TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT # _____	VALUE \$ _____
TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT # _____	VALUE \$ _____
TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT # _____	VALUE \$ _____

Additional documents to be submitted for new household member:

Required for all proposed household members **18 years of age and older:**

- A photo ID, proof of social security number, documentation of age, and proof of citizenship or legal resident status
- A signed Form 1: Authorization for the Release of Information

Required for all proposed household members **under 18 years of age:**

- Legal guardianship documents or a letter from social service provider stating the child permanently resides with the head of household if neither biological parent is in the household
- Proof of social security number, documentation of age, and proof of citizenship or legal resident status
- Form 9: Verification of Absent Parent(s) form (if applicable)

DECLARATION OF CHANGE IN HOUSEHOLD COMPOSITION AND INCOME – CONT'D

PART B: REQUEST TO REMOVE A PERSON FROM THE HOUSEHOLD

Name of person to remove from Section 8 household composition:

Last Name First Name Social Security Number

Reason for removal of the above family member:

- Death - Date _____ (HPD will verify with the Social Security Administration)
- Copy of the death certificate
- Household member moved out or will not remain in household when Section 8 subsidy begins.
(Please provide proof of new address, i.e. lease or utility bill with new address)

If documentation with new address is not provided, please use the space below to explain:

PART C: REQUEST TO CHANGE INCOME OR ASSET INFORMATION FOR AN EXISTING MEMBER OF THE HOUSEHOLD. Please complete PART C on a new form if you are reporting a change for more than one household member.

Household member you are reporting a change for:

Last Name First Name Social Security Number

ARE YOU REPORTING A CHANGE IN INCOME? YES NO If yes, complete C1 below

ARE YOU REPORTING A CHANGE IN ASSETS? YES NO If yes, complete C2 below

C1 INCOME: If you have changed employers or stopped working, you must provide a letter from your former employer stating the last date of employment, and if you are no longer working, complete the "Statement of Non-Employment." If you have a new employer, please complete Form 4: Verification of Wages. If you have begun receiving other income such as PA, SSI, or child support, please submit documentation. If you have stopped receiving other such income, please submit documentation. Please review the "What is Income?" form to understand the different types of income.

<input type="checkbox"/> Reporting new income <input type="checkbox"/> Reporting end of income	INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ _____	AMOUNT \$ _____ PER _____ (Frequency, i.e., per week, month, day)	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME (if other than employment):
<input type="checkbox"/> Reporting new income <input type="checkbox"/> Reporting end of income	INCOME SOURCE <input type="checkbox"/> Employment <input type="checkbox"/> Other _____ _____	AMOUNT \$ _____ PER _____	EMPLOYER NAME AND PHONE NUMBER OR TYPE OF INCOME if other than employment):

C2 ASSETS: If you are adding an asset, please include documentation from each institution for each account. If you are removing an asset, you must include a letter or statement from the institution showing that the account is closed. Please review the "What is an Asset?" form to understand the different types of assets.

<input type="checkbox"/> Adding asset <input type="checkbox"/> Removing asset	TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT NUMBER _____	VALUE \$ _____
<input type="checkbox"/> Adding asset <input type="checkbox"/> Removing asset	TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT NUMBER _____	VALUE \$ _____
<input type="checkbox"/> Adding asset <input type="checkbox"/> Removing asset	TYPE OF ASSET AND INSTITUTION: _____	ACCOUNT NUMBER _____	VALUE \$ _____

I CERTIFY THAT ALL STATEMENTS IN THIS SECTION ARE TRUE AND COMPLETE. FURTHER, I PROVIDE CONSENT TO ALLOW HPD TO INDEPENDENTLY VERIFY LEGAL IMMIGRATION STATUS WITH THE UNITED STATES BUREAU OF CITIZENSHIP AND IMMIGRATION SERVICES (USCIS) IF I CHECKED "I AM A NON-U.S. CITIZEN WITH LEGAL RESIDENT STATUS."

_____ / _____ / _____
SIGNATURE OF PROPOSED HOUSEHOLD MEMBER OR GUARDIAN (IF UNDER 18) DATE

_____ / _____ / _____
SIGNATURE OF HEAD OF HOUSEHOLD DATE