

HOUSING AUTHORITY CITY OF ELKHART
Housing Choice Voucher Program –
Add/Remove Household Member Declaration
Changes in Household Composition

This form must be completed by the head of household, in your own handwriting. You must use the correct legal name for each member of your household as it appears on their Social Security card. All adult members of the household must sign below certifying the information pertaining to them. **PLEASE PRINT CLEARLY.**

HOUSEHOLD MEMBERS: List all adults and children living in your unit.

1. <small>(Head of Household)</small>	2. <small>(Social Security Number)</small>	2.
3.	4.	5.
6.	7.	8.

HOUSEHOLD INFORMATION

Street Address with Apartment #	City, State	Zip Code
Home Phone	Cell Phone	Other Phone
Email (If Used Regularly)		

HUD requires the client to provide third party documents to enable the Elkhart Housing Authority (EHA) to complete certifications. Additional third party documentation may be requested by EHA. Third party documents are original documents that are not damaged, altered or in any way illegible. These documents should be dated within 60 days of the day they are provided to EHA. See below for required third party documentation.

ADD ADULT: Please provide Legal Photo ID, Social Security Card, & Birth Certificate.

Name:	Date of Birth:	Social Security Number:
Circle: Male or Female	Reason for adding:	

Name:	Date of Birth:	Social Security Number:
Circle: Male or Female	Reason for adding:	

Information to add an adult **MUST** be submitted at least 30 days prior to expected move-in date. **If you are completing an Annual Recertification, Unit Transfer or Move-In, you must report IMMEDIATELY.** Falsely adding someone to your household to obtain extra assistance could result in repayment of assisted payments and will be subject to termination from the program.

Your landlord must approve the above individual(s) to be added to your lease.
Please provide proof by submitting a letter of approval from your landlord.

ADD CHILD: Please provide birth certificate (not the hospital birth confirmation) & social security card. If adding a child other than birth, please provide court documents or notarized guardianship paperwork & school records (if applicable).

Name:	Date of Birth:	Social Security Number:
Circle: Male or Female	Reason for adding:	

Name:	Date of Birth:	Social Security Number:
Circle: Male or Female	Reason for adding:	

Information to add a child must be reported within 10 days. If you are completing an Annual Recertification, Unit Transfer or Move-In, you must report it IMMEDIATELY.

REMOVE ADULT

Name:	Date of Birth:	Date of Move Out:
Circle: Male or Female	Reason for removing:	

Name:	Date of Birth:	Date of Move Out:
Circle: Male or Female	Reason for removing:	

Please submit immediately prior to or after move out. If adult is applying for Section 8 with another agency or apartment complex this needs to be completed 30 days prior to move-in.

Upon move out, you are required to provide: A copy of their new lease or a notarized letter from their new roommate, three pieces of legal mail (utility, pay stubs, court paperwork, etc) at their new address and head of household's print out from the Department of Family Services showing the changes to your household composition. If you already have these items, please attach them with this form. If not, you have 10 days to submit these documents. THIS IS YOUR ONLY NOTICE!

REMOVE CHILD

Name:	Date of Birth:	Date of Move Out:
Circle: Male or Female	Reason for removing:	

Name:	Date of Birth:	Date of Move Out:
Circle: Male or Female	Reason for removing:	

If above child is NOT moving out of the household with an adult who is also leaving the household, you are required to provide court documents or a notarized letter of guardianship, school records (if applicable) showing the new address, and head of household's print out from the Department of Family Services showing the changes to your household composition. If you already have these items, please attach them with this form. If not, you have 10 days to submit these documents. THIS IS YOUR ONLY NOTICE!

If information is falsified to remove persons from the household who receive earned or unearned income, the participant will be required to repay any over expenditures of assistance payments and will be subject to termination from the program.

AUTHORIZATIONS, REPRESENTATIONS AND CERTIFICATIONS:

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the Housing Choice Voucher Program and may be grounds for termination of assistance. Any attempt to obtain any rent subsidy or rent reduction by false information, impersonation, failure to disclose, or other fraud, may result in the family's termination, and may also result in further legal action against the family on the part of EHA and/or other federal or state agencies.

WARNING: Title 18, Section 1002, of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent states to any Department of Agency of the U.S. or the Department of Housing and Urban Development (HUD).

I certify under penalty of perjury that I will provide notice in writing on a Personal Declaration all changes to my household composition according to the guidelines set forth in this document. **** I understand that this does not apply during Annual Recertification, Unit Transfer and Move-Ins, and needs to be reported IMMEDIATELY.****

SIGNATURES:

HEAD OF HOUSEHOLD: _____ DATE: _____
 SPOUSE/CO-HEAD: _____ DATE: _____
 OTHER ADULT (18 & OLDER): _____ DATE: _____
 OTHER ADULT (18 & OLDER): _____ DATE: _____

