

Housing Choice Voucher Program
ADD TO/REMOVE FROM FAMILY COMPOSITION

Resident's Name: _____ Recertification Month: _____

Social Security #: _____ Phone #: _____

☐ **I would like to add the following individual/family member(s) to my household**

☐ Documents required: Birth Certificate Social Security Card Picture ID (18 and over)

☐ Court or State Documentation

☐ **I would like to remove the following individual/family member(s) from my household**

Documents required proving a household member left the home: Lease Utility Bill Cable
Bill Driver's License, etc.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Date Of Birth: _____

Date Of Birth: _____

Social Security #: _____

Social Security #: _____

Purpose/Reason: _____

Income to be added/removed: _____

New Member Employer Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Fax: _____

Address of new resident (if removing person (s):

Address: _____ City: _____ State: _____ Zip Code: _____

I understand the remaining member of a tenant family must be of the assisted family for a minimum of 180 calendar days to assume head of household in the event the current head of household member vacates.

Client Signature

Date

Landlord's Signature

Date

❖ Additional Information may be needed to process this request

Revised: 01/12/2026