

Documentation of Change in Household Composition

Complete immediately when a change occurs!

Name of Tenant _____

Address _____ Unit # _____

On _____ the following change in household composition took place
Date of change



The following new household member(s) moved in*

MEMBER'S FULL NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY #

*Other than a child, foster child or live-in aid, **all** anticipated additions to the household must complete a rental application. The management agent will accept or reject the rental application based upon verification of the information on the rental application, acceptable credit/criminal history background checks, landlord/other references, etc.



The following household member moved out

Name _____ on _____

The next annual recertification for this unit is due _____. The above change will be reflected on _____.

Notes: _____

Signature _____
Print your name _____
Title _____
Address _____

Date _____
Tel. # _____