CHANGE IN HOUSEHOLD SIZE

Today's Date:	
Head of Household Name:	
Head of Household's Social Security Number	
Address:	
Phone Number:	
I am hereby requesting that the following person or persons be added to or removed from my dwelling lease and the housing program:	
ADD:	
Is the person(s) you are adding receiving incom TANF, Child Support, Unemployment, Friends	
If yes, who	
Income Source:	
What is your relationship to the person you are	adding?
REQUIRED DOCUMENTS	
Copy of Birth Certificate	riminal History (18 and over) opy of Social Security Card erification of income (18 and over)
REMOVE:	removed will be residing at:
I understand that adding the person or persons to my lea the lease and family obligations as a member of my house family composition and/or income must be reported to m within 30 days from the date of occurrence.	se makes this individual responsible for all chold. I am aware that any changes in
I understand that a criminal background check is required in order to be allowed to move to my unit.	ed on all adult members (18 years and older)
I understand that I will be required to provide document individual such as (guardianship, birth certificate, social income verification).	
I understand that TDHCA must approve prior to the per	rson/persons moving in the unit.
WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES OF FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE DEPARTMENT OR AGENCY OF THE UNITED STATES.	
Signature of Head of Household	Date
Date Approved:	TDHCA Form

TDHCA Form Revised July 2009