



South Metro Housing Options

SECTION 8 HOUSING CHOICE VOUCHER/PROJECT BASED VOUCHER
CHANGE IN FAMILY/HOUSEHOLD COMPOSITION PACKET

When reporting any changes in family/household composition, please note that you must provide:

- The completed Change in Family/Household Composition form (**attached**)
- The signed/dated release of information (**attached**)
- Additional verifications/documentation depending on the change (see below)

My change is....	Then provide.....
Removing household member (adult)	<ul style="list-style-type: none"> ✓ Death Certificate (if applicable) ✓ Notarized letter from person leaving household including new address
Removing household member (minor)	<ul style="list-style-type: none"> ✓ Provide name of child
Adding household member (adult)	<ul style="list-style-type: none"> ✓ Birth Certificate ✓ Social Security card ✓ Driver License or State ID ✓ Verification of all income received by new household member ✓ Verification of all assets of new household member ✓ Verification of student status (if applicable)
Adding household member (minor)	<ul style="list-style-type: none"> ✓ Birth Certificate ✓ Social Security card





CHANGE IN FAMILY/HOUSEHOLD COMPOSITION

HOH NAME: _____ TENANT REPORTING NAME: _____

ADDRESS: _____ PHONE #: _____

DATE REPORTED TO OFFICE CHANGE: _____ EFFECTIVE DATE: _____

YOUR CHANGE REPORT WILL NOT BE CONSIDERED COMPLETE UNTIL ALL REQUESTED INFORMATION IS PROVIDED.

(Check all that apply)

Removal of Household Member – Name of Member _____

Addition of Household Member – Name of Member _____

Check here if the new household member is a person with a disability

Check here if the new household member is a Full Time Student (FTS)

Does the new household member have income? YES NO

If yes, please list all sources of income for new household member

Name Source of Income (employer, SS, child support, TANF, un/employment, pension, annuities, etc.)	Gross Income weekly/monthly

Does the new household member have assets? YES NO

If yes, please list all sources of income

Name Asset (checking, savings, 401K, etc.)	Current Balance





CHANGE IN FAMILY/HOUSEHOLD COMPOSITION

- I/We agree to provide any documentation necessary to add/remove the above family member.
- I/We also understand that our landlord must agree and be notified of this change.
- I/We understand that eligibility of the individual requesting to be added depends on the results of a criminal background check conducted through the Colorado Bureau of Investigation as well as meeting the criteria for adding a household member as detailed the SMHO Section 8 Administrative Plan.
- I/We authorize South Metro Housing Options (SMHO) to conduct a CBI check on all adult members of my household.
- I/We certify that the information provided is true and correct.

Signature of Head of Household

Date:

Signature of new/removed adult household member

Date:

Signature of Landlord

Date:

WARNING: Section 1001 of Title 18 of the U.S. Code, makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

PART II: AGENCY USE

Request to add/remove a family member is: Approved Denied

Reason for Denial: _____

No increase/Decrease is required per SMHO subsidy policy

Increase/Decrease of voucher size is approved.

New voucher size is _____

Effective: _____

Agency Staff Signature

Date:





South Metro Housing Options

HUD RENTAL ASSISTANCE PROGRAMS *GENERAL RELEASE FORM*

I hereby authorize South Metro Housing Options and/or its designated agents to obtain and receive all records and information pertaining to eligibility for the rental assistance program, including employment income (including IRS returns), alimony, child support, welfare benefits, TANF, living arrangements (Household Composition), credit report, criminal background checks including National Crime Information Center (NCIC), residency, and banking information from all persons, companies or firms holding or having access to such information.

This authorization hereby gives South Metro Housing Options (SMHO) the right to request all information that it can or could obtain from any persons, company or firm on any matter referred to above, including National Crime Information Center and national criminal reports.

I (we) agree to have no claim for defamation, violation of privacy, or otherwise against South Metro Housing Options (SMHO), any person or firm or corporation by reason of any statement of information released by them to South Metro Housing Options (SMHO) for the purpose of the program.

The term of this authorization shall commence on the date of signature and shall be in force for a period of one (1) year.

Signature of Head of Household	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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Signature of Other Adult	Date	Printed Name
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