



FAMILY COMPOSITION CHANGE REQUEST –

In order to request an interim adjustment to your rent portion/family composition you must **complete the attached form and return it with proof of the change** – within ten (10) business days of the change. Failure to report a change in household composition may require you to repay money to MPHA.

The following is a list of the required documents needed to process your interim. Failure to provide this documentation will result in a delay of the interim rent adjustment.

The change **will be effective on the first of the month following a full month waiting period** in order to gather necessary information and to provide a 30 days' notice –

- EXAMPLE - Report a change in January. January is your reporting month. February then is the waiting month – allowing us time to gather replacement income information and provide both you and the property owner a 30 day notice of the change. The change will be effective March 1st.

ADD MINOR –

- Social Security Card
- Birth Certificate
- Notarized letter from child's parent designating custody and including expected length of stay
- Court Awarded Custody Documents

ADD ADULT

Contact your Eligibility Technician to schedule an appointment that the additional member is required to attend.

New member must bring to this meeting –

- Statement from owner approving the addition of this adult to the unit
- Social Security Card
- Valid picture ID
- Documentation of income (last 6 pay stubs; current award letters; current benefit statements)
- Asset Information
 - Bank statements
 - Life Insurance Policies
 - 401K Information

REMOVE FAMILY MEMBER-

Proof of new address for the family member leaving the household

- Lease/Copy of Utility bill with current address
- Statement from current property owner confirming family member has vacated unit



HOUSEHOLD INFORMATION			
Head of Household Name		Social Security Number	
Address		City	State Zip Code
Home Phone Number		Work/Cell Phone Number	

FAMILY COMPOSITION CHANGES (CHECK ANY THAT APPLY)			
<input type="checkbox"/> Household member moved out	Name		Move-out date
	New address		
<input type="checkbox"/> Birth or Adoption	Name	Date of Birth	Social Security Number
<input type="checkbox"/> Additional Adult PLEASE CALL ELIGIBILITY TECHNICIAN TO SCHEDULE AN APPOINTMENT AND BRING THE REQUIRED DOCUMENTATION	Name	Date of Birth	Social Security Number
	Relationship to Head of Household		Date of move-in

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that providing false information is punishable under Federal and State law and is grounds for termination of housing assistance.

Head of Household signature: _____ Date: _____