Neighborhood Services
City of Tyler
900 W. Gentry Pkwy.
Tyler, Texas 75702
Ph# (903) 531-1303 Fax# (903) 531-1333

INTERIM: CHANGE OF HOUSEHOLD

First & Last Name: _____

Head of Household: _____

Last four digits of SSN: XXX-XX-_____

Phone: ( ) _____ - _____

Address: _____ **Apt. # or Unit #:** _____

City: _____

State: _____ **Zip Code:** _____

Gender	M	Male
	F	Female
Ethnicity	A	Hispanic or Latino
	B	Non-Hispanic or Latino
Race	1	White
	2	Black/ African American
	3	American Indian/ Alaska Native
	4	Asian
	5	Native Hawaiian/ Pacific Islander

Documentation to Include/ Attach						
	6	Social Security Card	9	Court Order	12	School Age Verification with Address
	7	Birth Certificate	10	Proof of Assets	13	CPS Placement Letter
	8	Valid State ID	11	Proof of Income	14	Declaration of Citizenship

List all members currently residing in the household:

Name *(first and last)*	Familial Relationship *(additional documents may be requested for verification)*	Age	Gender *(M or F)*	Ethnicity *(A or B)*	Race *(1-5)*	Documentation Included/ Attached *Select all that apply (6-14)*
1.						
2.						
3.						
4.						
5.						

I would like to make the following changes to my household:

Additional documentation may be requested by the agency.

Name *(first and last)*	Add *(check)*	Remove *(check)*	Familial Relationship *(additional documents may be requested for verification)*	Age	Gender *(M or F)*	Ethnicity *(A or B)*	Race *(1-5)*	Documentation Included *Select all that apply (6-14)*
1.	☐	☐						
2.	☐	☐						
3.	☐	☐						
4.	☐	☐						
5.	☐	☐						

*** I understand that I must report any changes in family composition with proper verification within 30 days of the change, and that failure to do so will be cause for termination of my housing assistance.**

*** I understand that increases or decreases in voucher sizes, as a result of my request to either add or remove a household member, will occur at my next scheduled Annual Recertification.**

*** I understand changes to my voucher size may result in an increase and/or a decrease in the agency's monthly Housing Assistance Payment (HAP) to my current or future owner and my monthly Total Tenant Portion (TTP) to the owner.**

*** Under the penalty of perjury, I hereby certify under the penalty of perjury that the declarations I have made in this document is true and complete. I understand and acknowledge that any knowing or willful misrepresentations of the declarations (including submission of falsified supporting documentation to support my declarations) contained in this document may result in civil liability and/or criminal penalties, including but not limited to fine or imprisonment, or both under the provisions of Title 18 USC 1001, shall be fined not more than $10,000 or imprisoned not more than 8 years or both.**

_____ _____ _____

*** Head of Household (PRINT First & Last Name)** | *** Head of Household SIGNATURE** | **Date**

_____ _____ _____

Owner/ Owner Representative (PRINT First & Last Name) | **Owner/ Owner Representative SIGNATURE** | **Date**

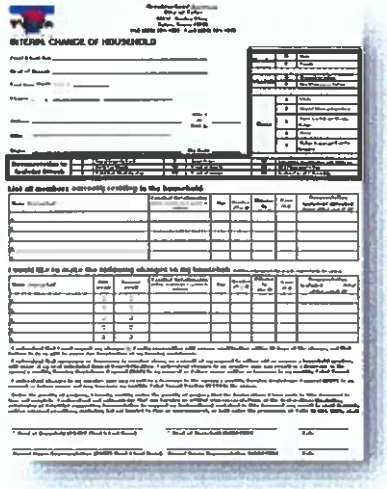
HOUSEHOLD CHANGES

Adding & Removing Family Members

Please report all changes in household composition using the **Interim Change of Household Form** attached to this email. The agency will utilize this form, along with supporting documentation, to determine 1) if the requested change will be approved, 2) how it will impact the housing assistance portion on behalf of the agency and the tenant portion paid by voucher participants, and 3) the effective date of the change.

When you experience and/or request changes in household composition, whether adding and/or removing family members, **you are required (*per the obligations of the family*) to report the changes to the agency within 30 days of the change**. The attached form must be completed, **AND** supporting documentation must accompany it. The agency will not update records without the proper form **AND** supporting documentation. Please find below a snapshot of the referenced policy found in the agency's administrative plan:

It is a requirement of the agency and the United States Department of Housing and Urban Development (HUD) that families report all changes in household composition. Program participants must report all changes in household composition to the PHA between annual reexaminations. Additions due to birth, adoption, marriage, or court-awarded custody of a child must be reported and requested in writing by the family within 30 days of the change. Please include all the assets of the new family member (if applicable). ***The family must obtain PHA approval before any other additions to the household****. If any new family member is added, the total family's gross household income must include all sources of income associated with the new family member.*



NOTE: Reporting changes to the agency requires the participant to submit:

1. An Interim Change of Household Form (completed and signed by both the participant and the current owner), **AND**
2. Supporting documentation for each member (*if requesting to add members*); i.e., familial relationship, social security card, birth certificate, CPS placement letter, court orders, valid state ID, school-age verification, proof of assets, proof of income, etc., **AND**
3. A completed Declaration of Citizenship Form for all newly-added members to the household.

If you have any additional questions, please do not hesitate to contact the agency through email nbsreception@tylertexas.com, phone (903) 531-1303, or fax (903) 531-1333.