

Household Composition Addition/Removal Request Form

All program participants need to request IN WRITING any changes in family composition to their KHA Housing Specialist. IN WRITING means a completed CHANGE REPORT along with required verification to support the change.

THIS IS A REQUEST AND PARTICIPANTS WILL BE INFORMED BY THEIR HOUSING SPECIALIST IF APPROVED, UPON WHICH FURTHER DOCUMENTATION MAY BE REQUIRED!

Head of Household: _____

Telephone: _____

KHA Caseworker: _____

New telephone number

ADDING AN INDIVIDUAL TO HOUSEHOLD:

DO NOT ADD ANYONE TO YOUR HOUSEHOLD UNTIL THE KENOSHA HOUSING AUTHORITY HAS APPROVED IT

New Child(s) Information:

1) _____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	_____ <i>Relationship To You</i> Race (Check All that Apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific
_____ <i>Social Security Number</i>	_____ <i>Date of Birth</i>	_____ <i>Sex M/F</i>		
2) _____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	_____ <i>Relationship To You</i> Race (Check All that Apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific
_____ <i>Social Security Number</i>	_____ <i>Date of Birth</i>	_____ <i>Sex M/F</i>		
3) _____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	_____ <i>Relationship To You</i> Race (Check All that Apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific
_____ <i>Social Security Number</i>	_____ <i>Date of Birth</i>	_____ <i>Sex M/F</i>		

Documents Needed:

- | | |
|--|--|
| <input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Legal documentation from court system showing that you have legal guardianship (if not your child/children) | <input type="checkbox"/> Social Security Card
<input type="checkbox"/> Proof of any income received for this person (Wages, Child Support, SSI, W2, etc.) |
|--|--|

New Adult(s) Information:

1) _____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	_____ <i>Relationship To You</i> Race (Check All that Apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific
_____ <i>Social Security Number</i>	_____ <i>Date of Birth</i>	_____ <i>Sex M/F</i>		
2) _____ <i>First Name</i>	_____ <i>Middle Initial</i>	_____ <i>Last Name</i>	Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	_____ <i>Relationship To You</i> Race (Check All that Apply): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Amer Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific
_____ <i>Social Security Number</i>	_____ <i>Date of Birth</i>	_____ <i>Sex M/F</i>		

Documents Needed: Will be requested upon approval

REMOVING AN INDIVIDUAL FROM HOUSEHOLD:

1) _____
First Name Middle Initial Last Name Relationship To You

Reason for Removal of Individual

2) _____
First Name Middle Initial Last Name Relationship To You

Reason for Removal of Individual

Documents Needed:

Document with New Address - Must provide documentation that household member has moved to a new location. (example: Lease, Utility Bill, New State ID)

WARNING: Section 1001 of the Title 18 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any departments of the United States Government. I hereby give Kenosha Housing Authority permission to request and obtain information required to perform a change based upon the information provided by me, which is listed above and /or attached.

Signature: _____ **Date:** _____

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**FOR HOUSING AUTHORITY USE ONLY**

**General Changed Form Status**

**Housing Decision:**

APPROVED       DENIED

**COMMENTS:** \_\_\_\_\_

**Housing Specialist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_