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This Agency is an equal opportunity provider and employer. 

CHANGE IN FAMILY COMPOSITION

The U.S Department of Housing and Urban Development (HUD) places a high priority on the prevention of fraud. Providing false or incomplete information will result in all applicable penalties being applied.

All changes must be reported in writing within TEN (10) days of the date of the change. Complete the following section(s), which apply to the change(s). I understand that any changes reported after the 22nd of the current month may not be processed in time to take effect for the following month.

My signature below is my consent for the Huron Housing and Redevelopment Authority to contact any agencies, organizations, offices, or individuals necessary to verify any information needed for my participation in the housing assistance program.

I understand in order to be eligible to receive assistance, I must submit a Social Security Card for each member of the household, photo ID for all adult members, and a Birth Certificate for anyone under the age of 18. All adult members of the household are required to sign an Authorization for Release of Information to determine eligibility prior to residing in the unit.

Head of Household: _____ Today's Date: _____

Address: _____ Phone Number: _____

Head of Household Change?: Yes: _____ No: _____

Add or Remove (Circle One): Household Member Name: _____

Relationship: _____ DOB: _____ SS#: _____

Signature

Date

Any adjustments in the amount of rent you pay to your landlord will be determined in accordance with our policies and procedures. If any change is determined, you will be notified on or before the effective date of the change.

Thank you for your cooperation in reporting this information to us.