

PROCESS TO REQUEST A CHANGE IN HOUSEHOLD COMPOSITION

CMHA requires Housing Choice Voucher program participants to report **ALL** changes to household composition within thirty (30) calendar days of occurrence. Failure to comply with this requirement may result in termination of housing assistance and/or retroactive rent charges.

MANDATORY DOCUMENTATION:

- Completed “Change in Household Composition Request”** form (see reverse side)

VERIFICATION, IF REPORTING HOUSEHOLD COMPOSITION CHANGE DUE TO BIRTH, COURT AWARDED CUSTODY, ADOPTION, FOSTER CARE:

- Birth Certificate
- Social Security Card
- Completed Declaration of 214 Status for each individual being added
- Court Awarded Custody Paperwork (if applicable)
- Adoption Paperwork (if applicable)
- Foster Care Documentation (if applicable)

REPORTING OTHER ADDITIONS TO THE HOUSEHOLD:

The participant family is required to report additions to the household, in writing, 30 days prior to the proposed move-in date, in order to receive CMHA's approval. **CMHA may deny the addition of a family member, with exception of an addition by birth adoption, court awarded custody of a child, marriage, if the addition will result in overcrowding.**

Your Housing Specialist will schedule an appointment to approve the requested addition.

MANDATORY VERIFICATION, IF REPORTING A REDUCTION IN HOUSEHOLD SIZE:

- Foster care documentation (if applicable)
- Medical facility documentation (if applicable)
- Enrollment paperwork from an institution of high learning (if applicable)
- New address of removed household member
- Move-out Date

Reasonable Accommodation: If you, or any household member, have a disability that could prevent your full access to or utilization of CMHA's Housing Choice Voucher Program and its related services, you have the right to request a reasonable accommodation. A reasonable may include a modification of a rule, policy, procedure or service that will assist an otherwise eligible disabled applicant or resident to make effect use of its programs. If you believe you require a Reasonable Accommodation, please contact your Housing Specialist.

HOUSING CHOICE VOUCHER PROGRAM, 1635 WESTERN AVENUE, CINCINNATI, OHIO 45214

Phone: (513) 977-5800 **Fax:** (513) 977-5858 **TDD:** (800) 750-0750 **Website:** www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities

CHANGE IN HOUSEHOLD COMPOSITION REQUEST

Head of Household: _____ Last 4 of SSN: _____

Current Address: _____ City _____ State _____ Zip _____

Email Address: _____ Telephone Number _____

MANDATORY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):

- Birth
- Adoption
- Court-Award Custody
- Foster-Care

1) Name: _____ Relationship to Head of Household _____

Date of Birth: _____ Social Security Number: _____

2) Name: _____ Relationship to Head of Household _____

Date of Birth: _____ Social Security Number: _____

****Please attach a copy of the following, for each person being added to the household: Birth certification, Social Security Card, Declaration of 214 Status, and if applicable, court order custody and/or adoption paperwork and foster care documentation.**

**DISCRETIONARY ADDITIONS TO THE HOUSEHOLD (Please check all that apply):
(CMHA MUST APPROVE THE REQUEST 30 DAYS PRIOR TO MOVE-IN)**

- Marriage
- Adding a previously removed household member
- Other _____

1) Name: _____ Relationship to Head of Household _____

Date of Birth: _____ Social Security Number: _____

2) Name: _____ Relationship to Head of Household _____

Date of Birth: _____ Social Security Number: _____

****Prior to approving the addition of the listed household member, CMHA will schedule an appointment where the Head of Household and person listed above member must attend and provide required documentation. The scheduled appointment is mandatory prior to the additional household member(s) move-in date.**

REMOVING A MEMBER FROM THE HOUSEHOLD:

- Permanent (will be absent from the household for more than 90 days)
- Temporary (will be absent from the household for less than 90 days i.e. foster care placement, entering medical facility, incarcerated etc.)

Name: _____ Move Out Date _____

New Address: _____

Name: _____ Move Out Date _____

New Address: _____

By signing below, I have released information to CMHA with regards to my household composition. I am also certifying that the information provided with regards to my household composition is true and accurate to the best of my knowledge. I understand that any false statements contained herein may result in the termination of my housing assistance through the Housing Choice Voucher Program and/or retroactive rent charges.

Household member completing this form: _____

Signature _____ Date: _____