CHANGE OF FAMILY COMPOSITION FORM

Head of household: _____ **Phone number:** _____

Address: _____ **Last four of social security:** _____

I declare, under penalty of perjury, that the information provided is true and complete.

_____ _____
Head of household signature   Date

☐ **Removing Household Members:**
        Attach verification of new address (i.e. lease, rent receipt, business mail, etc. for new address)

Household Member Name: _____

Household Member Name: _____

☐ **Adding Household Members:**
    Complete below and attach the following: birth certificate, social security card, proof of income, driver's
    license/state ID, and signed release forms for each adult (request from coordinator)

Print Full Name (Include Jr, Sr, etc.)	Birth Date	Age*	Sex	Relationship to head of household	Social Security Number

Disabled:	☐Yes ☐No	Ethnicity:	☐Hispanic ☐Non-Hispanic	Race:	☐White ☐Black	☐American Indian ☐Pacific Islander	☐Asian

Print Full Name (Include Jr, Sr, etc.)	Birth Date	Age*	Sex	Relationship to head of household	Social Security Number

Disabled:	☐Yes ☐No	Ethnicity:	☐Hispanic ☐Non-Hispanic	Race:	☐White ☐Black	☐American Indian ☐Pacific Islander	☐Asian

<u>*Each adult (18 years and older) being added must fill out the information below.</u>

By signing below I consent to allow Pasadena Housing Program to request and obtain criminal conviction records from any law enforcement agency for the purpose of screening my request to be added to the assisted household composition.

_____ _____
Print name   Date of birth

_____ _____
Signature   Date

_____ _____
Print name   Date of birth

_____ _____
Signature   Date

Title 18 Section 1001 of the US Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the U.S. government.