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CHANGE IN HOUSEHOLD STATUS CERTIFICATION

RETURN TO: _____

 TEL #: _____
 FAX #: _____

DATE: _____ APT. #: _____
 DEVELOPMENT NAME: _____
 APPLICANT/RESIDENT: _____

Any changes to your household's status must be reported. Please check the box that indicates the change(s) to your household's status. Check all that apply.

- I would like to add an adult household member.**

Name: _____

You must have **prior approval** from management before the person can move in. Before approval can be given, this person will need to complete the Initial Application Process and your entire household including the new member will need to be income qualified.

- I had a baby or will be getting custody of my child(ren).**

Please list name(s) and birth date(s): _____

- My household's income has changed.**

Please explain: _____

- An adult member(s) of my household is now a full-time student.**

Please explain: _____

- My household is going to receive government assistance.**

Please explain: _____

- An adult member(s) of my household has vacated.**

Date Vacated: _____ Name: _____

Date Vacated: _____ Name: _____

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

 Signature of Applicant/Tenant

 Date

OFFICE USE ONLY:

Previous Household Income: \$ _____	New Household Income (after move-out): \$ _____	County Maximum Income (140%) for new family size: \$ _____
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We encourage and support the nation's affirmative housing program in which there are no barriers to obtaining housing because of race, color, religion, sex, national origin, handicap or familial status.

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