

# HOUSEHOLD CHANGE FORM – ADD OR REMOVE PEOPLE

City of Dubuque Housing and Community Development Department  
350 West 6<sup>th</sup> Street, Suite 312 Dubuque IA 52001  
Phone/TTY: (563) 589-4230 FAX: (563) 589-4244



## IMPORTANT INFORMATION FOR RENT CHANGES

1. Written verification must be supplied for rent changes.
2. If all required documentation is supplied by the last day of the month, decreases in rent will be processed for the 1<sup>st</sup> of the following month. However, if it's received after the check run process has started, the additional rent to landlord will not be paid until the month after the effective date of the change.
3. You are responsible for your portion of the rent until you have received notification the rent change is effective. Please communicate with your Landlord.

Head of Household: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Street Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip code \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Phone Number(s): Main: \_\_\_\_\_ Alternate: \_\_\_\_\_

### List all persons currently living in your home.

| Legal Name (As on SS card) |  | Age |
|----------------------------|--|-----|
| 1.                         |  |     |
| 2.                         |  |     |
| 3.                         |  |     |
| 4.                         |  |     |
| 5.                         |  |     |

| Legal Name (As on SS card) | Age |
|----------------------------|-----|
| 6.                         |     |
| 7.                         |     |
| 8.                         |     |
| 9.                         |     |
| 10.                        |     |

Are any members of the household age 18 or older enrolled in school?  No  Yes, please list household members name and what school they are enrolled: \_\_\_\_\_

### Household Composition Change:

I would like to add an individual to my household (See pg 2 for required documentation)  
 I am removing a household member. Provide one form of verification:

\_\_\_\_\_ Updated lease showing the person was removed \_\_\_\_\_ Verification of new address

Reason for Removal: \_\_\_\_\_

Length of time they will be removed: \_\_\_\_\_

List person(s) who you are adding or removing

| Legal Name as on SS card | Relationship | Sex | Date of Birth | Age | Race | Disabled N—Y | Hispanic Ethnicity N—Y |
|--------------------------|--------------|-----|---------------|-----|------|--------------|------------------------|
|                          |              |     |               |     |      |              |                        |
|                          |              |     |               |     |      |              |                        |
|                          |              |     |               |     |      |              |                        |
|                          |              |     |               |     |      |              |                        |

PLEASE CONTINUE TO BACK PAGE

**Adding persons to the household:** If you are requesting to add a person to your household, we will need the following information prior to approving the person to reside in the assisted unit.

|   |   |
|---|---|
| <b>Adding a minor child, 17 years of age and under:</b><br><input type="checkbox"/> Birth Certificate<br><input type="checkbox"/> Social Security Card<br><input type="checkbox"/> Declaration 214 status form<br><input type="checkbox"/> Documentation to support: The child is being adopted; Is in your foster care; or you have been granted legal guardianship. | <b>Adding an adult over 18:</b><br><input type="checkbox"/> Written approval from your Landlord stating first and last name of who they are approving.<br>*Additional paperwork will be sent to you to determine eligibility. |
|---|---|

If you are not supplying the required documentation, please explain when and how it will be submitted or why you cannot provide them: \_\_\_\_\_

List **ALL** household income below (this includes minors): Please check all applicable sources of income and assets for all household members. Put the amount you receive **before any deductions (gross amount)** from each source and who receives it. **Attach additional paper if needed to report household income.**

| ALL HOUSEHOLD INCOME | Amount(s) Received | Check Box for income: |          |             | Household member who receives income | How often Paid (weekly, bi-weekly, monthly) |
|----------------------|--------------------|-----------------------|----------|-------------|--------------------------------------|---|
|                      |                    | Increase              | Decrease | Stayed Same |                                      |   |
| Food Stamps          | \$                 |                       |          |             |                                      |   |
| FIP Benefits         | \$                 |                       |          |             |                                      |   |
| Child Support        | \$                 |                       |          |             |                                      |   |
| Social Security      | \$                 |                       |          |             |                                      |   |
| SSI                  | \$                 |                       |          |             |                                      |   |
| Wages/Employment     | \$                 |                       |          |             |                                      |   |
| Unemployment         | \$                 |                       |          |             |                                      |   |
| Veteran's Benefits   | \$                 |                       |          |             |                                      |   |
| Alimony              | \$                 |                       |          |             |                                      |   |
| Pension              | \$                 |                       |          |             |                                      |   |
| Annuities            | \$                 |                       |          |             |                                      |   |
| Family Support       | \$                 |                       |          |             |                                      |   |
| Self Employed        | \$                 |                       |          |             |                                      |   |
| Other: _____         | \$                 |                       |          |             |                                      |   |

#### **CERTIFICATIONS**

As Head or Co-Head of household, I certify all information reported to the Housing Authority is **COMPLETE, TRUE, AND CORRECT** for ALL members of this household. I also certify that any member of the household, who previously has signed a form stating that they have no income, still has **NO** income unless listed on the reverse side under Household Income. I also understand that as the signee for the household, I will be held responsible for the accuracy and completeness of all information given to the Housing Authority by all adult household members:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

