



# Baytown Housing Authority

*"Building Communities One Family At a Time"*

## HOUSEHOLD CHANGE FORM

Head of Household: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### **Add Household Members:**

Provide information below and attach documentation required; such as, birth certificate, court awarded custody or adoption papers, live-in aide verification, etc. **Approval to add a household member will be granted according to BHA Administrative Plan.**

Name	Birth Date	Social Security #	Relationship	Race	Gender	Disabled
					M F	Yes No
					M F	Yes No
					M F	Yes No

### **Remove Household Members:**

Provide information below and attach documentation: i.e. new lease, rent receipt, utility bill, etc.

Name	New Address	Contact #

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

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date