

**PENDER COUNTY HOUSING DEPARTMENT
INTERIM FAMILY COMPOSITION CHANGE REPORTING FORM**

Name

Contact Telephone Number

**** IT IS YOUR RESPONSIBILITY TO FULLY REPORT ALL HOUSEHOLD INCOME, EXPENSES AND OCCUPANTS IN WRITING**
*All changes must be verified. All new adult household members must be approved by the Housing Authority and landlord
PRIOR to move-in.***

What is the Change you are reporting today? *(CHECK ALL THAT APPLY)*

REMOVE A HOUSEHOLD MEMBER ADD A HOUSEHOLD MEMBER

CHANGE IN MARITAL STATUS

OTHER (EXPLAIN): _____

When/What date did the change happen? _____

Name of household member being added or removed: _____

***Based on this report you may be required to complete additional forms as they related to the change.
IF YOU ARE REMOVING A FAMILY MEMBER, ATTACH PROOF OF THAT FAMILY MEMBER'S NEW LEGAL ADDRESS.***

STATEMENT OF FAMILY COMPOSITION

LIST ALL OF PEOPLE CURRENTLY LIVING IN YOUR HOUSEHOLD. LIST YOURSELF FIRST.

HOUSEHOLD MEMBER NAME	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTHDATE	AGE	WORKING? (ANSWER YES OR NO)	STUDENT? (ANSWER YES OR NO)
	MYSELF				

****BY SIGNING THIS FORM I/WE CERTIFY THAT ALL MINORS LISTED ON THIS FORM (OR AN ATTACHED FORM) ARE LEGALLY AND PHYSICALLY IN MY/OUR CUSTODY. ****

All new adult household members must provide a criminal background check from any county he/she has lived in the last ten years.

DO YOU ALLOWED ANYONE, WHO IS NOT LISTED ON YOUR LEASE AND YOUR HOUSING PAPERWORK, TO STAY IN YOUR HOME? NO YES - Explain WHO & HOW OFTEN? _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful, false statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

PENDER COUNTY HOUSING DEPARTMENT

LIST ALL TYPES OF INCOME CURRENTLY RECEIVED BY YOUR HOUSEHOLD:

TYPE	YES OR NO?	IF YES, HOW MUCH/WHAT IS THE VALUE?	HOW OFTEN?	NAME OF FAMILY MEMBER(S) RECEIVING:	Name of person/employer/ organization that provides this income:
Employment Income		\$			
Work First / OAP / AND		\$			
Child support/Alimony		\$			
FOOD STAMPS		\$			
SOCIAL SECURITY/SSI/SSDI		\$			
Unemployment Benefits		\$			
VA Benefits		\$			
Pension/retirement		\$			
FINANCIAL AID		\$			
Goods/Services		\$			
Pays Bills for my family		\$			
GIFT OR OTHER INCOME		\$			

IF YOU ARE CLAIMING TO HAVE NO INCOME or IF THE INCOME YOU REPORT IS SO LOW THAT IT IS NOT ENOUGH TO MEET REASONABLE EXPENSES FOR YOUR FAMILY, EXPLAIN HOW YOU PAY BASIC LIVING EXPENSES.

Does new Household member have a bank account?

YES- provide full, recent bank statement. NO

Do you have changes in out-of-pocket childcare expenses as a result of this change?

YES- provide proof of the change. NO

All new adult household members must provide a criminal background check from any county he/she has lived in the last ten years.

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE & COMPLETE TO THE BEST OF MY KNOWLEDGE. I DECLARE UNDER PENALTY OF PERJURY, & BEING SUBJECT TO PROSECUTION UNDER THE N. C. GENERAL STATUTE 15§157-29, THAT THE INFORMATION IS TRUE & COMPLETE. I/WE UNDERSTAND THAT INFORMATION GIVEN TO THE HOUSING AUTHORITY MAY BE GIVEN TO THE PENDER COUNTY DEPARTMENT OF SOCIAL SERVICES. I/WE CERTIFY THAT I/WE HAVE READ AND UNDERSTAND THE ABOVE STATEMENT. BY SIGNING THIS DISCLOSURE, I/WE HEREBY AUTHORIZE THE PENDER COUNTY HOUSING DEPARTMENT (OR IT'S AGENT), TO CONTACT & OBTAIN INFORMATION REQUIRED FROM ANY OF THE INDIVIDUALS /ENTITIES LISTED ON THIS DISCLOSURE, OR FROM ANY OTHER INDIVIDUALS/ENTITIES REQUIRED TO VERIFY ELIGIBILITY. (ALL ADULT HOUSEHOLD MEMBERS, 18 YEARS OLD OR OLDER, MUST SIGN THIS FORM)

HEAD OF HOUSEHOLD: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____

OTHER ADULT: _____ DATE _____