



### Declaration of Household Change

**To the Head of Household:** Please type or print legibly in ink. Do not leave any sections blank. This form must be completed and signed in order for us to have current and accurate information in our records regarding your household.

**ONLY COMPLETE THIS FORM IF YOU'RE ALREADY PART OF THE HOUSING OPPORTUNITY LIST.**

**HEAD OF HOUSEHOLD INFORMATION:**

Head of Household Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last Name) (First Name)

Questionnaire Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Please make the following changes to my **Housing Opportunity List** information:

My mailing address has changed, my **new** mailing address is :  
\_\_\_\_\_  
\_\_\_\_\_

My household size has changed from: \_\_\_\_\_ to \_\_\_\_\_

My total household income (**monthly amount**) has changed from: \_\_\_\_\_ to \_\_\_\_\_

Other : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please update these changes in my records.

Thank you,

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

\_\_\_\_\_  
Date

Office Use Only  
RANK # \_\_\_\_\_ Information Updated: \_\_\_\_\_ Completed   
Incomplete   
Comments: \_\_\_\_\_

