

Orange County Housing Authority

1770 N. Broadway • Santa Ana, CA 92706
(714) 480-2700 • (714) 480-2926 TDD
<http://www.ochousing.org>

Fax Numbers:

Occupancy
(714) 480-2701
(714) 480-2937
(714) 480-2919

Leasing/Inspections
(714) 480-2822

Special Housing Programs
(714) 480-2812

HOUSEHOLD COMPOSITION CHANGE

The purpose of this form is to request changes in household members moving in and out of the unit. Please complete this form and return it to your **Occupancy Specialist**. You will be notified if an appointment is required. New household members may not move in to the assisted unit until you receive written approval from the Orange County Housing Authority (OCHA).

Attn: _____ (Occupancy Specialist)

Head of Household: _____ Tenant ID: _____

SSN: _____ Phone #: _____

Address: _____

Instructions:

ONLY complete the sections necessary to tell OCHA how your household member(s) have changed. Please submit copies of supporting documents (i.e. Birth Certificate, Picture ID, SS Card, and consent statement from your property owner/manager).

REQUEST TO ADD A HOUSEHOLD MEMBER

Proposed date of move-in: _____ Relationship: _____

Name of new family member: _____ Male Female

Date of birth: _____ Age: _____ SS#: _____

Reason for request to add: _____

REQUEST TO REMOVE A HOUSEHOLD MEMBER

Household member to be removed: _____ Effective move out date: _____

Reason for request to remove: _____

Warning: It is unlawful to "knowingly and willfully" make any "materially false, fictitious, or fraudulent statements or representation" to a federal agency. Violations can be punished under Section 2 of the False Statements Act by a fine and/or imprisonment of not more than 5 years. [18 U.S.C. § 1001]

I declare, under penalty of perjury under the laws of the United States of America and the State of California, that the information above is true, correct, and complete.

Head of Household Signature

Date