



Longmont Housing Authority

350 Kimbark Street, Longmont, CO 80501

Phone: (303) 651-8581

TTY service available through Colorado Relay Service at 1-800-659-3656.

INTERIM – HOUSEHOLD COMPOSITION CHANGE

Date: _____

Head of Household: _____

Address: _____

Phone Number: _____ Email: _____

Relationship to Head of Household

- Custody of minor child
- Grandchild
- Foster Child
- Parent
- Grand Parent

- Significant Other (*Non-Civil Union Marriage Recorded*)
- Civil Union Partner/Spouse – Proof Attached
- Children of a Live-In Aid

May Result in Voucher Size Change

- ✓ Child of Spouse/Head of Household
- ✓ Parent of Head of Household/Spouse
- ✓ Legal Custody of Minor Child

May Not Result in Voucher Size Change

- ✓ Foster Child(ren)
- ✓ Grandchildren
- ✓ Children of Live-In Aid
- ✓ Spouse/Domestic Partner

Completed, Signed, and Dated for each New Household Member

- Authorization for Release of Information
- Declaration of 214 Status

Identification Verification

- Driver License/State ID (for each new household member over the age of 18)
- Social Security Card
- Birth Certificate

Custodial Child(ren)/Foster Child(ren) or Significant Other Verification

- Proof of Child Support
- Court Order reflecting Custody of Minor Child

- Proof of Civil Union
- Or**
- Proof of Marriage License Recorded

Income Verification

- Award Letter/Benefit Letter for Non-Wage Income i.e. SSI/SSDI, TANF, OAP, A&D, Pension, Unemployment.
- Two (2) Months of most recent paystubs (must be concurrent) for each new household member currently employed
- One (1) Month of most recent Savings Account statement for each account
- Three (3) Months of most recent Checking Account statement for each account
- Life Insurance (Cash Surrender Valued
- Previous Year's Federal & State Income Taxes



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Check One:

Adding Household Member

Removing Household Member

First and Last Name: _____

Date of Birth: _____ / _____ / _____

SSN: _____ - _____ - _____

Check if new household member is a person with disabilities.

Adding Household Member

Current Physical Address: _____

City, State, Zip Code: _____

I/We agree to provide any documentation necessary to add/remove the above family member. I/We also understand our landlord must agree (if adding adult) and be notified of this change. I/We understand that eligibility for Housing Choice Voucher Program/Project Base Voucher Program depends on the result of a criminal background check conducted through Colorado Bureau of Investigation (CBI) and if the addition is determined to overcrowd the unit.

Head of Household understands the voucher size may not be adjusted dependent on relationship of adding new household member. Denial of adding household member may also be due to overcrowding of the current voucher size and unit size. LHA will determine denial of adding household member on a case-to-case basis.

Head of Household understands removing a household member and re-adding the household member to the voucher at a later date will require Head of Household and adding household member to re-complete all required processes to add a new household member including but not limited to conducting a CBI background, approval of landlord, Identification, and Income Verifications, etc.

I/we certify the information provided is true and correct. I/We authorize the Longmont Housing Authority (LHA) to conduct a CBI check on all adult members of my household.

Signature of Head of Household

Date

Signature of New/Removed Household Member

Date

Landlord Signature of Approval

Date

AGENCY USE ONLY

Request to add household member is: Approved Denied

Reason for denial: _____

Voucher size increase New Voucher Size: _____

No changes to voucher size Reason: _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING A FALSE OR FRAUDULENT STATEMENT TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES.

