



Growing & Moving Forward Together

Housing Authority of Champaign County
HOUSING CHOICE VOUCHER PROGRAM

205 W. Park Avenue
Champaign, Illinois 61820
Phone : (217) 378-7100
Fax : (217)363-2348

CHANGE OF HOUSEHOLD COMPOSITION
ADD A NEW MINOR HOUSEHOLD MEMBER FORM

All participants must report any changes in household composition, in writing. You may not permit a new member to reside in the household until you complete the following steps: (1) complete this packet, (2) obtain approval from your landlord for the new household member (3) submit this packet to HACC and (4) obtain approval from HACC. Exception: A minor who is being added due to birth, adoption, or by court action may reside in the unit while your request is being processed.

Head of Household Information
Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_
Last 4 of SSN: \_\_\_\_\_ Email: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Member Being Added to the Unit
Name of New Member: \_\_\_\_\_ Relationship: \_\_\_\_\_
Last 4 of SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_
Current Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Race: [ ] White [ ] Black/African American [ ] Indian/Alaska Native [ ] Asian [ ] Native Hawaiian/ Pacific Islander
Ethnicity: [ ] Hispanic [ ] Non-Hispanic Disabled: [ ] Yes [ ] No Full time Student: [ ] Yes [ ] No
Name of Employer: \_\_\_\_\_ Monthly Income: \_\_\_\_\_
Employer Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Other Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_ Per: \_\_\_\_\_

I hereby certify that all the information on this application is true and complete; I understand that giving false or inaccurate information may jeopardize my eligibility to receive future assistance. By signing this document, I authorize the Housing Authority of Champaign County (HACC) to:

- Verify all reported information, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran’s benefits, worker’s compensation, domestic employment, full-time student status, and pension.
• Obtain my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the National Sex Offender Database and/or other official federal, state, and local resources.

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

Date: \_\_\_\_\_