



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 FAMILY COMPOSITION
OWNER / LANDLORD ACKNOWLEDGEMENT

Head of Household Information
Head of Household: \_\_\_\_\_ Last 4 of SSN: \_\_\_\_\_
Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your tenant has advised the Housing Authority of Champaign County that they wish to make a change in their current family composition by adding the following person to the lease:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

In order for this change to be valid, the Tenant must obtain written approval from you, their landlord.

Please indicate your decision below:

- YES, I agree to the addition of the above-named person to the rental unit.
NO, I do not agree to the addition of the above person to the rental unit.

Printed Name of Owner/Landlord: \_\_\_\_\_

Address of Owner/Landlord: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Signature of Owner/Landlord

Date

If this request is approved by the Housing Authority for Champaign County this acknowledgment will serve as an Amendment to household composition of both the HAP Contract between the Owner and the Housing Authority, and the current Lease between the Tenant and the Owner.

For PHA office use only: [ ] Approved [ ] Denied



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\_\_\_\_\_  
PHA Staff Signature

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\_\_\_\_\_  
Date