



Housing Authority of the City of Decatur, Georgia

750 Commerce Drive ▪ Suite 400 ▪ Decatur, Georgia 30030
404-270-2100 ▪ Fax 404-270-2122
TTD/TTY 1-800-545-1833 Ext 852
www.decaturhousing.org

CHANGE OF FAMILY COMPOSITION

Head of Household's Name: _____ Date: _____
Print Legibly

Address: _____ City/State/Zip: _____

Phone: _____ Email Address: _____

Check all that apply and provide verification for the change(s) you are reporting.

Removing a family member from the household Move Out Date _____

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY #

Verification of new address is required when removing an adult family member. Verification includes a lease, utility bill or driver's license in the family member's name with the new address when removing an adult from the household.

I am requesting to add an additional family member to my household

NAME OF FAMILY MEMBER	AGE	SEX	RELATION TO HEAD	DATE OF BIRTH	SOCIAL SECURITY #

Additional information is required when adding a family member

Adding Adult Member	Adding a Minor
Government Issued Photo ID	Birth Certificate
Birth Certificate	Social Security Card
Social Security Card	Proof of Custody, if applicable
Income Verification	

I understand that family members may not be added to my household until proper documentation has been submitted and the request has been reviewed and approved by Decatur Housing Authority.

I certify that the information provided above is true and complete. I understand that misrepresentation of my family composition to Decatur Housing Authority is considered fraud and is cause for termination of my housing assistance.

Head of Household's Signature Date