

**Denton Housing Authority
INTERIM (CHANGE) FORM
Household Composition**

Date: _____

Head of Household: _____

Head of Household Social Security Number: _____

Name of Spouse or Co-head: _____

Street Address: _____

City: _____ State: _____ Zip _____

Contact # _____

Work # _____

Please complete the information listed below.

HOUSEHOLD COMPOSTION:

Are you adding household members? _____, if yes, please provide the information below for the **new member(s) only**.

Full Name	Relationship	SS#	Date of Birth	Age	Sex (M or F)	Is this a person with a disability
1.						
2.						
3.						

1. Are you removing household members? _____, if yes, please list the name(s) of the individuals you are removing. ***If you are removing an adult member (18 years and over) from your household, please provide an address to where they are now residing.***

2. Have the individual(s) you added ever been arrested or convicted of any drug related criminal activity in the past five (5) years? _____, if yes, please state the family member(s) name, the reason, and date of the arrest

3. Have the individual(s) you added ever been arrested or convicted of any violent criminal activity in the past five (5) years? _____, if yes, please state the family member(s) name, the reason, and date of the arrest

4. Have the individual(s) you added ever been arrested or convicted of any felony offense in the past five (5) years? _____, if yes please state the family member, the reason, and date of the arrest. _____

5. Have the individual(s) you added ever received Section 8 Housing assistance or lived in Public housing in the past five (5) years? _____, if yes what was the name of the housing agency? _____
What years did they receive assistance? _____.

6. Does the individual(s) you are adding have employment income, any other source of income, assets, childcare, medical, or disability expenses? _____, if yes please request additional change forms.

If you have other changes in addition to household members please request additional change forms.

EQUAL HOUSING OPPURTUNITY

CONSENT FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the Denton Housing
Print Name of Head of Household
Authority to contact any agencies, offices, groups or organizations to obtain any information or material
that is deemed necessary to complete my application during the next twelve (12) months. I am also
certifying that all information and material provided is true and complete to the best of my knowledge.

Signature of Head of Household

Date

Signature of Spouse or Co-head

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date

Signature of Other Adult 18 years and older

Date

**Denton Housing Authority
1225 Wilson St.
Denton, TX 76205
(940) 383-1504**