

**10 DAY CHANGE FORM – HOUSEHOLD CHANGE**

**NOBLESVILLE  
HOUSING AUTHORITY**  
SERVING HAMILTON COUNTY  
320 KINGS LANE NOBLESVILLE, IN 46060  
(317) 773 – 5110      HOUSING@GONHA.ORG

**DEADLINE DATE:** \_\_\_\_\_

**Print Name of Head of Household:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Signature of HOH Participant/Applicant: X** \_\_\_\_\_

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**10 DAY CHANGE FORM – HOUSEHOLD MEMBERS**

**Removal of Household Member(s)**

Participants must report the removal of any household members within ten (10) calendar days of the change. If you are requesting a review of your rent because you have had a change in household composition, **it is your responsibility to provide us with the required documentation from a third-party source.**

If you provide the required documents by the **third Thursday of the month**, if applicable, a decrease in rent will be effective the first of the following month. If we do not receive **REQUIRED** documents by the third Thursday of the month, a decrease in rent will not be effective until the following month after you have provided us with the required documents. If applicable, all increases in rent will be effective the following month after you have notified us of changes.

**Household Member(s) to be Removed**

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

Date of Move Out: \_\_\_\_\_ New Address: \_\_\_\_\_

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

Date of Move Out: \_\_\_\_\_ New Address: \_\_\_\_\_

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**MANDATORY VERIFICATION IF REPORTING REMOVAL OF A HOUSEHOLD MEMBER:**

- Written verification from landlord that the individual has been removed from lease
- USPS Change-of-Address document stamped by the Post Office personnel
- At least two of the following documents that verify the address where this individual resides:
  - Current state issued identification card listing the name and new address
  - Current lease agreement for another location that lists the individual as a legal resident of the unit
  - Current utility bill showing the name and address of the person
  - Other recent governmental official documentation showing the name and address of the person

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**Household Member(s) to be Added**

Participants must promptly notify NHA in writing of the birth, adoption, or court-awarded custody of a child, within ten (10) calendar days.

Participants must request NHA written approval prior to adding **any other** family member as an occupant of the unit.

***If you wish to add a new family member to your lease you must disclose the relationship to the head of the household:***

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

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

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

**MANDATORY VERIFICATION IF REPORTING ADDING A HOUSEHOLD MEMBER:**

- Letter from landlord approving the addition of the individual to the lease
- Original birth certificate; original Social Security Card; Signed Declaration of Citizenship form
- Children under 18 years of age (other than birth):**  
Court awarded custody documents, adoption documents, or documentation from Department of Child Services (DCS) for the individual. Also school registration documents, if applicable.
- 18 years and older:**
  - Criminal Background Check Release Form. A criminal background will be processed prior to approval to add the individual
  - All income sources and amounts must be disclosed, and documentation verification provided
  - If zero income, a Zero Income Certification

**NHA may request additional verification when necessary.**

**You Must Provide ALL Documents Required or Your Request Will NOT Be Processed.**

**WARNING: Section 1001 of Title XVII of the United States Code makes it a criminal offense to make willful false statement or misrepresentations to any department or agency of the Unity States as to any matter within its jurisdiction. I certify that the above information is correct, and I understand that any misrepresentation will be grounds for denial or termination with the Section 8 Housing Choice Voucher Program or Public Housing Program.**

*(For Office Use Only)*

Approved:     YES     NO    **or**     NO BASIS

Date **ALL** Documents Received: \_\_\_\_\_ Effective Date of Rent Change: \_\_\_\_\_

By: X \_\_\_\_\_ Date of Notice: \_\_\_\_\_  
NHA Staff Member