



Area Housing Authority of the County of Ventura

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**PARTICIPANT STATUS UPDATE FORM
CHANGE IN FAMILY COMPOSITION**

Date: _____

Head of Household (print): _____ Client #: _____

Social Security Number: _____

Address, City, ZipCode: _____

Phone Number _____ Message or Cell Number _____

Add household member(s)

Remove household member(s)

The AHA will not issue a larger voucher once a family member has been removed for any reason so please read and know what you are requesting. A voucher is only increased per AHA policy by recent birth, adoption, marriage, or court- awarded custody.

Family members who previously or recently moved out will not be added in the future unless approved by the AHA based on the AHA’s admin policy. We strongly advise that any member(s) leaving the family composition know and understand the AHA’s policy.

I (voucher holder) _____ sign and certify and that I understand the AHA’s policy on **removing** family member(s) from my household composition, dated this _____ day and I acknowledge my responsibility to report any changes of family members to the AHA in writing within 10 days as stated in the Family Obligations.

For Office Use Only

AHA Approval of adding family member(s) based on admin plan and AHA policy. _____

AHA disapproval of adding family member(s) based on admin plan and AHA policy. _____

Notification sent _____ **Certified return receipt #** _____

