

## REQUESTING A CHANGE IN HOUSEHOLD COMPOSITION

### REQUEST TO ADD A HOUSEHOLD MEMBER

Name of individual(s) you would like to add: \_\_\_\_\_

\_\_\_\_\_

The requested household member's picture ID, birth certificate, social security card, proof of income, proof of assets (i.e. checking / savings account(s), real estate, stocks, bonds, etc.), documentation of any applicable deductions.

Before the person(s) moves into the assisted unit your Housing Specialist will contact you to have them sign the required release of information forms, determine their eligibility, and complete an orientation. **You may not move the requested person in prior to receiving PHA approval.**

#### PHA Policy

A guest can remain in the assisted unit no longer than 7 days per month, be they consecutive or non-consecutive days, not to exceed 84 days within a 12-month time frame. If the family's lease agreement allows for fewer "guest days," the lease prevails.

### REQUEST TO REMOVE A HOUSEHOLD MEMBER

Name of individual(s) you would like to remove: \_\_\_\_\_

\_\_\_\_\_

When did they move out of the unit? \_\_\_\_\_

Provide New Address: \_\_\_\_\_

Must attach documentation showing the person(s) lives elsewhere: signed lease, utility/other bills, mail, post office completed change of address, school enrollment papers, pay stubs, court documents confirming removal.

A head of household can provide a self-certification that another adult has left the home if no other proof of their new address is available

#### PHA Policy

The family must notify the PHA in writing, within 10 business days, if any family member no longer lives in the unit. The family may not re-admit an adult previously removed by the PHA without approval from the PHA.

By signing below, you are certifying it is true, correct, and complete to the best of your knowledge, and, if requesting to add a new household member, that they do not reside in the assisted unit unless you have received approval from Campbell County Department of Housing.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Other Adult (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Changes that may cause a decrease in your tenant rent must be reported by the 25<sup>th</sup> of the month in order to take effect the following month. If you fail to provide the information required to document the change it will delay the PHA's ability to timely review and process the information you have reported. The PHA will notify you in writing if additional information and or documentation is needed.

If you have any questions regarding reporting your change you may contact CCDH at:

Campbell County Department of Housing  
1098 Monmouth Street Room 235  
Newport, KY 41071

Phone: 859.261.5200 TTY/TDD: (800) 545-1833 x 947 Fax: 859.261.0577

Email: [hgeneral@campbellcountyky.gov](mailto:hgeneral@campbellcountyky.gov)

Changes may be reported in person during normal business hours of Monday- Friday 8:30 a.m.- 4:30 p.m.  
by mail, email or fax.

If you have questions regarding the policies, procedures, and regulations of the Campbell County Department of Housing please reference the agency's Administrative Plan at [www.campbellcountyky.gov](http://www.campbellcountyky.gov). If you are disabled and as a result of your disability you require a change in how CCDH communicates, presents information, or a change in venue for appointments, you may submit a request for a reasonable accommodation. We will review your request and respond within 10 business days. You have the right to request an interpreter. If negative action has been taken against an applicant or participant by the PHA in a circumstance where the Violence Against Women's Act (VAWA) should be considered, please notify the PHA of your concerns to determine whether a review is in order. If this is a notice of denial or termination of assistance, A CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING reporting form is enclosed.

