



**HOUSTON**  
HOUSING AUTHORITY

Transforming Lives & Communities

2640 Fountain View Drive Houston, Texas 77057 | 713.260.0600 P | 713.260.0547 TTY | [www.housingforhouston.com](http://www.housingforhouston.com)

**Housing Choice Voucher Program**

**ADD TO FAMILY COMPOSITION**

**You Must Provide The Following Documents:**

*If 18 years old or older the following is needed:*

- Birth certificate
- Picture ID (Must Be Valid)
- Social Security Card (Must Be Signed)
- US Declaration of Citizenship Form
- Criminal Background Form
- Proof of Income (if applicable)
- Authorization For Release of Information
- Student – (Name, Address and Number)
- Letter or new lease from the Property Owner/Manager indicating approval to add family member

*If under 18 years of age, the following is needed:*

- Birth certificate
- Social Security Card
- US Declaration of Citizenship Form – **MUST BE COMPLETED AND SIGNED**
- Legal Guardianship Documents (Notarized Letter NOT Acceptable)

**REMOVE FROM FAMILY COMPOSITION**

- Removal From Family Composition Form – **MUST BE COMPLETED AND SIGNED**
- Verification of new address – **MUST BE PROVIDED**
- Day time phone number of the family member being removed
- Letter from Property Owner/Manager or copy of new lease from Property Owner/Manager indicating removal of the family member



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REMOVE FROM FAMILY COMPOSITION**

**(Please Print)**

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

***I would like to have the following family member removed from my application for housing assistance:***

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date



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**ADD TO FAMILY COMPOSITION**

(Please Print)

Client's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

***I would like to add the following family member to my application for housing assistance:***

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

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

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date