

Change Of Household Composition | Add A New Household Member Form

All participants must report any changes in household composition or income, in writing, within 10 business days of the change. You may not permit a new member to reside in the household until you complete the following steps: **(1)** complete this packet, **(2)** obtain approval from your landlord for the new household member (prior to submitting this packet to Opportunity Home), **(3)** submit this packet to Opportunity Home, and **(4)** obtain approval from Opportunity Home.

Head Of Household Information

| | | | |
|-------------------|--|-----------------|----------|
| Date | | Last 4 of SSN | |
| Head of Household | | | |
| Home Phone | | Alternate Phone | |
| Email Address | | | |
| Current Address | | | |
| City | | State | Zip Code |

Family Member Being Added To The Unit

| | | | |
|--------------------|--|---------------|----------|
| Name of New Member | | Last 4 of SSN | |
| Relationship | | DOB | |
| Home Phone | | Cell Phone | |
| Current Address | | | |
| City | | State | Zip Code |
| Race | | | |

☐ White ☐ Black ☐ American Indian/Alaska Native ☐ Asian ☐ Native Hawaiian/ Pacific Islander

Ethnicity

☐ Hispanic ☐ Non-Hispanic

Highest Level of Education Completed

☐ Prefer Not To Answer ☐ No School ☐ 1st Grade ☐ 2nd Grade ☐ 3rd Grade ☐ 4th Grade ☐ 5th Grade
☐ 6th Grade ☐ 7th Grade ☐ 8th Grade ☐ 9th Grade ☐ 10th Grade ☐ 11th Grade ☐ 12th Grade
☐ _____ yrs College/Technical School

Current Student Status

Is the new member a current full-time student? ☐ Yes* ☐ No

***Required Documentation:** If yes, and they are 18 years or older, please attach proof of full-time student status.

Live-In Aide Status

Is this person a Live-In Aide? ☐ Yes ☐ No

Employment Information

| | | | |
|------------------------|--------|----------------|----------|
| Name of Employer | | Monthly Income | |
| Employer Address | | | |
| City | | State | Zip Code |
| Other Source of Income | Amount | Per | |

I hereby certify that all the information on this application is true and complete; I understand that giving false or inaccurate information may jeopardize my eligibility to receive future assistance. By signing this document I authorize the Opportunity Home San Antonio to **(continued on next page)**:

- Verify all reported information, which includes comparing all reported information with information retrieved through independent sources. These verifications may include, but are not limited to, the following: Social Security and Supplemental Security Income, state wage information, collection agencies, current and former employers, Temporary Assistance for Needy Families (TANF), child support benefits, child care, financial institutions, veteran's benefits, worker's compensation, domestic employment, full-time student status, and pension.
- Obtain all of my criminal history records, if any, from any law enforcement agency. I understand that such records will include arrests and convictions for misdemeanors and felonies, if any, as well as any probation or parole information. This may include screening my records for state lifetime sex offender registrations, if any, using the *Dru Sjodin National Sex Offender Database* and/or other official federal, state, and local resources.
- Obtain all of my credit history records, if any, from any credit reporting agency, and to obtain a copy of my credit report.

Head of Household Signature

Date

Adult Member Being Added

Date