VERMILLION HOUSING AUTHORITY
P.O. Box 362, 25 Center St
Vermillion, SD 57069
Phone: 605-677-7191 FAX: 605-677-7192

CHANGE IN FAMILY COMPOSITION

Head of Household:_____ Date:_____

Address:_____ Phone:_____

SS# _____ Voucher #_____
(to be completed by Housing)

Head of Household Change: Yes_____ No_____

Name: _____
Last First M.I.

Relationship:_____ DOB:_____ SS#:_____

Daycare Change:

Name of Daycare Provider:_____ Phone:_____

Address:_____
Street Address/PO Box

_____
City State Zip

Date started:_____ Date ended:_____

Additional Family Member: (when adding someone to the family, spouse, child, etc.)
Or Taking off: (When someone in the household no longer lives in that unit)

Name:_____
Last First M.I.

Relationship:_____ DOB:_____ SS#:_____

My answers on this form are correct and complete to the best of my knowledge. I understand that I will be required to provide documentation to verify all statements and that I will report all changes on Income, Family Composition, or Assets to Vermillion Housing and Redevelopment Commission within 10 days of the date of change.

_____ _____
Signature Date