



REQUEST TO CHANGE HOUSEHOLD COMPOSITION

Tenant Name: _____
Unit # and Property: _____
Current Email Address: _____
Current Phone Number: _____

TO ADD A HOUSEHOLD MEMBER:

I _____ (Head of Household) request to add the following individual(s) to the lease for unit # _____ at _____ (Property Address).

Names of Individuals Requesting to be added to lease:

The head of household and the above-named individual(s) you wish to add, must attend a screening interview. Once this request is received, the Leasing Department will contact the head of household to schedule a time to complete this interview. When returning this form, the following must be provided for the requested lease addition to be considered:

- Verification of all forms of income, for example benefit letters dated within the last 60 days of social security and/or pension income, 8 weeks of pay stubs.
• Picture ID, birth certificate, and social security card.
• The attached forms must be completed and signed by the Head of Household and/or the individual(s) requested to be added to the household.

**Please be advised this is a request not a guarantee or final approval to add a household member. The Leasing Department will notify the head of household in writing of the final determination of approval or denial. Until written approval has been received, the above-named individual(s) is not authorized to move into the unit. Failure to comply will be considered a lease violation/unauthorized occupant(s).

Tenant Signature

Date





TO REMOVE A HOUSEHOLD MEMBER:

I _____ request to remove the following individual(s) from the lease for unit # _____ at _____ (Property Address).

Names of Individuals Requesting to be removed from the lease:

In order for the Leasing Department to consider this request, you must provide 2 forms of verification for the above-named individual(s) new residence, these must be submitted with this form.

Verifications may include the following:

- State issued non expired ID with new address printed
- Passport
- Utility bill in the individuals name with their new address
- Credit card statement dated within 60 days
- Medical/hospital statement dated within 60 days
- Cell phone bill dated within 60 days
- Copy of Lease for the new individual and their new place of residence as well as copy of the property deed and/or contact information for the landlord of the property
- Auto/Renters/Home Insurance bill in the individuals name with their new address
- Medicaid/MA Health Insurance statement dated within 60 days
- Pay Stub in the individuals name with their new address
- Bank Statement in the individuals name with their new address
- Government benefit such as TANF, Veterans Benefit, and Social Security with the individuals name and new address printed

****Please be advised this is a request not a guarantee or final approval to remove a household member(s). The Leasing Department will notify the household in writing of the final determination of approval or denial. Until that time the above-named individual(s) is not authorized to be removed from the lease and will still be responsible for the obligations per the lease until authorized to be removed.**

Tenant Signature

Date

1 Fenn Street., 3rd Floor, P.O. Box 1180, Pittsfield, Massachusetts 01201 Tel 413.499.1630 Fax 413.496.9831 www.hearthway.org

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