

**Family Composition  
Change Form**

**Housing Authority of  
Brevard County**  
Section 8 HCV Program

1401 Guava Ave, Melbourne, FL 32935  
(321) 775-1592 | (fax) (321) 775-1549  
<http://www.habc.us>

**Section A. Explanation**

The following information is required in order to either add or remove household members. HABC policy requires all changes in family size and income to be reported within ten (10) business days of the date the change occurred. Failure to do so may result in termination action.

References: Administrative Plan, Rev. 4/18, 5-I.C. Family Obligations; 24 CFR 982.551

**Add Member Required Documentation:**

- Birth Certificate
- Social Security Card (Must Be Signed)
- Legal Custody/Guardianship Documents (If Under Age 18)
- Declaration of 214 Status
- Authorization for Release of Information

**Required Documents If Over Age 18:**

- Picture ID (Must Be Valid)
- Proof of Income (If Applicable)

**Participant Information**

Head of Household Name	Social Security Number
Unit Address - Street	City State Zip
Telephone	Email (Optional)

**Section B. Family Composition**

Add	Remove	Name	Relationship	DOB (MM/DD/YY)	Social Security Number	Income
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose/Reason:

Add	Remove	Name	Relationship	DOB (MM/DD/YY)	Social Security Number	Income
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose/Reason:

Add	Remove	Name	Relationship	DOB (MM/DD/YY)	Social Security Number	Income
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose/Reason:

Add	Remove	Name	Relationship	DOB (MM/DD/YY)	Social Security Number	Income
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/> Yes <input type="checkbox"/> No

Purpose/Reason:

**Section C. Signatures**

Section 8 Participant Signature	Date
Required: Landlord Signature	Date

*If you require assistance completing this form please contact the HABC office at (321) 775-1592*

