

Name:

METROPOLITAN HOUSING ALLIANCE



Live-in Aide?

Housing Choice Voucher Department, 1007 S. Arch St., Little Rock, AR 72201 Phone (501) 340-4821 FAX (501) 340-4714

Landlord Approval of Change of Composition

NOTE: All changes of household composition are subject to MHA approval. <u>Completing this form does not constitute approval.</u>

If you are reporting or requesting a change in household composition, please provide the family member name(s) and information below. Please note that any addition to the household that is not due to marriage, birth, adoption or court awarded custody will not increase your voucher size.

Family Composition Change. List all family members requested to be added or removed.

Soc. Sec. Number: Sex:

	Moving In or Out? Date	in Aide? of Move:
		of Move:
I hereby give written notice that the h		
landlord to reside at my unit.	nousehold member listed below has be	en approved by the
TENANT NAME (PRINT)	TENANT'S SIGNATU	RE DATE