



JONESBORO HOUSING AUTHORITY
helping today for a better tomorrow

Housing Authority of the City of Jonesboro Georgia

**P.O. Box 458
 Jonesboro, Georgia 30237**



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CHANGE IN FAMILY COMPOSITION

JHA wishes to inform you that if you request a change in family composition that we will gladly review your request in a timely manner, but we do require a minimum of (10) ten administrative working days to process your change. Please do not call to inquire about your change in family composition until after the (10) ten administrative working days have expired.

Caseworker: _____ **Date Submitted:** _____

Head of Household: _____ **Last 4 Social Security No:** _____ **D.O.B.** _____

Address: _____ **City:** _____ **Zip Code:** _____

Phone: _____ **Email:** _____

MOVE OUT REQUEST				
Name of Family Member(s) That Moved Out	Last 4 Social Security No.	Move-Out Date	Relationship to Head of Household	Reason for Move Out

* To complete request please submit verification to where member(s) has moved to.

NEW MEMBER REQUEST				
Name of Family Member(s) That Moved In	Last 4 Social Security No.	Date of Birth	Relationship to Head of Household	Reason for Move In

You must submit all required documents before your request can be reviewed. JHA will notify you at a later date as to whether or not your request to add a new member(s) to your household has been approved or denied.

Original Birth Certificate
 Social Security Card
 Picture ID
 Citizenship Declaration (Form Attached)

National Criminal Check
 Court Ordered Guardianship Paperwork
 Adoption / Foster Parent Awarded Paperwork
 All Income / Expenses

PLEASE SUBMIT ADDITIONAL DOCUMENTS WITHIN (10) BUSINESS DAYS OF THIS FORM.

This form has been fully explained to me and I certify that the above information is true to the best of my knowledge.

Tenant Signature _____ **Date:** _____

JHA Staff _____ **Date:** _____