



2160 41st Avenue, Capitola, CA 95010
Phone: (831) 454-9455, Fax: (831) 469-3712
This form may be returned via mail or fax.

CHANGE IN FAMILY/HOUSEHOLD SIZE

Head of household: _____ Reference #: _____

Address: _____

FAMILY/HOUSEHOLD MEMBERS ADDED

Complete this section for **ALL** new family/household members **ONLY**.

Legal Name	Date of Birth	Relation to Head of Household

_____ **YES** *The above listed family/household members are APPROVED for residency in the unit.*

_____ **NO** *The above listed family/household members are NOT APPROVED for residency in the unit.*

Landlord Name: _____ Phone: _____

Landlord Signature: _____ Date: _____

MEMBERS SUBTRACTED

Complete this section to report all family/household members who have moved out of the unit.

Name(s)

Please be advised that the above listed family/household member(s) have left the residence.

Landlord Name: _____ Phone: _____

Landlord Signature: _____ Date: _____

REQUIRED SIGNATURE

I certify that the above information is true, correct, and complete to the best of my knowledge.

X

Signature of Head of Household

Date