CAMBRIDGE HOUSING AUTHORITY

675 Massachusetts Avenue
Cambridge, MA 02139
www.cambridge-housing.org
TDD 800 545 1833 x112

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

HEAD OF HOUSEHOLD CHANGE REQUEST

Date:_____

Dear Cambridge Housing Authority:

I am requesting to change the Head of Household. I am requesting that _____ (Tenant Name) who resides at _____ (Address) become the head of household effective _____ (Date), and remove myself:

☐ As head of household, but remain a tenant

☐ As head of household and remove myself from the Occupancy Agreement and Lease

Name of Current Head of Household	Signature	Date	Telephone

Name of New Head of Household	Signature	Date	Telephone

The following factors may be considered when a remaining adult or emancipated minor applies to become the head of household (see Admissions and Continued Occupancy Policy Chapter 8 for detailed policy):

- Individual reports departure of head of household within ten (10) days of occurrence;
- Individual has been listed on the lease for at least one (1) year or since admission, or since beginning of the head of household's tenancy (if less than a year from admission);
- Individual has conformed with all CHA policies
- Individual has not committed any violation of the lease agreement during their tenancy;
- Individual agrees to occupy apartment of appropriate size based on CHA Occupancy Standards;
- Those under 18 must provide proof of emancipation; and
- CHA may deny tenancy if an action to terminate the former head of household's tenancy began prior to the former head of household's departure or incapacitation.

Approved by CHA Staff ☐ Yes ☐ No

CHA Staff Signature	Date

CHA Staff Name	Title