



**Bloomington Housing Authority**

1007 North Summit, Bloomington, Indiana 47404  
812-339-3491 fax 812-339-7177

**Request for Head of Household Change**

I would like to transfer the head of household from myself to another member of the household; effective date: \_\_\_\_\_

Choose one: **I WILL** **I WILL NOT** remain a member of the household after this date

**Current Head of Household:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**New Address (if applicable):** \_\_\_\_\_

**New Head of Household:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

I understand by transferring my head of household status to this person, I will no longer have any right or say-so in determining the household composition. If I will not remain in the household the new head of household is aware that they must fill out the remove person form.

\_\_\_\_\_  
Current Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
New Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
BHA Staff

\_\_\_\_\_  
Date



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