



City of Parma, Ohio

TIM DeGEETER
MAYOR



1440 Rockside Road, Suite 306
Parma, Ohio 44134

PUBLIC HOUSING

Phone: 216-661-2015
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CHANGES OF MEMBERS TO LEASE

DATE: _____

HEAD OF HOUSEHOLD NAME: _____

HOUSEHOLD ADDRESS: _____

CITY, STATE, ZIP CODE: _____

TELEPHONE #: _____

Effective immediately the above Head of Household member would like to:

ADD _____, to my lease. I am aware that the above named person cannot **move into** my subsidized unit until the PPHA has received all necessary background checks and income verifications to determine eligibility. I understand and am fully aware that if I allow the above named person to move into my unit prior to the approval by the PPHA, I can be terminated from the program.

REMOVE _____ from my lease.

SIGNATURE

DATE

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTERS IN ITS JURISDICTION.