

**Chelsea Housing Authority
54 Locke Street
Chelsea, Massachusetts 02150**

Phone: 617.884.5617 | Fax: 617.884.6552 | TDD: 617.889.0586

Change of Head of Household

Control Number(s): _____

I, _____, who currently resides at _____, hereby represent and declare to the Chelsea Housing Authority that I am requesting to change my current status as Head of Household, designating the following person as the new Head of Household.

New Head of Household: _____

Date Effective: _____

I understand that I am making the aforementioned representation and declaration under the pains and penalties of perjury.

Applicants Signature: _____ Date: _____

CHA Witness Signature: _____ Date: _____

