



CHANGE REPORT FORM

Housing Specialist Name: _____ **Date:** _____

Head of Household: _____	SS#: _____
Spouse: _____	SS#: _____
Street Address: _____	City: _____ State: _____ Zip: _____
Phone Number: _____	Best time and day to call: _____

Please note: in order to make any changes to your household we must have this form completed with any and all changes in your income and/or household members. Failing to provide complete and accurate information constitutes fraud, which would result in termination of your housing assistance.

EMPLOYMENT

<p><input type="checkbox"/> JOB STOPPED</p> <p>Who quit/lost job? _____</p> <p>Old Employer: _____</p> <p>Employer Address: _____</p> <p>Employer Phone #: _____</p> <p>Reason for leaving _____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> JOB STARTED</p> <p>Who started job? _____</p> <p>Employer: _____</p> <p>Employer Address: _____</p> <p>Employer Phone #: _____</p> <p>Wages: \$ _____ per week/month/year</p> <p>If hourly, hours per week: _____</p>
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OTHER INCOME

I currently receive the following:		
<input type="checkbox"/> Alimony/Child Support	Start Date: _____	Amount: \$ _____ per week\month\year
<input type="checkbox"/> SSA/SSI	Start Date: _____	Amount: \$ _____ per week\month\year
<input type="checkbox"/> ADC	Start Date: _____	Amount: \$ _____ per week\month\year
<input type="checkbox"/> Unemployment	Start Date: _____	Amount: \$ _____ per week\month\year
<input type="checkbox"/> Other _____	Start Date: _____	Amount: \$ _____ per week\month\year

COMPLETE OTHER SIDE

FAMILY COMPOSITION (FAMILY MEMBERS IN HOUSEHOLD)

<input type="checkbox"/> I need to add a member to my household	<input type="checkbox"/> I need to remove a member from my household
Name: _____	Name: _____
DOB: _____ SSN _____	DOB: _____ SSN _____
Place of birth: _____	Where did this person move to? _____
OR	
<input type="checkbox"/> I have no changes to my household composition	

OTHER INFORMATION TO BE REPORTED

You MUST check box, if you are requesting a DECREASE IN RENT based on the reported change.
Note: To complete change you may be required to contact your Housing Specialist.

I certify that all the information given on this form is accurate and complete to the best of my knowledge or belief. I understand that false statements given to LHA may be punishable under Federal Law.

Signature

Date