

REPORTING CHANGES TO HAB

All changes must be reported by the 15th of the month AND documentation must be attached to process

Name of Head of Household _____ Phone # _____ Name of Housing Specialist _____

I am reporting a change in: Address Family composition Income Expenses Assets Student Status
(Please circle all that apply)

New Mailing Address: _____ City, St, Zip _____

Family Composition (You must schedule an appointment with your caseworker before the 15th of the month)

Someone is being added to my household: (Name) _____

Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certificate

Is the person/s you are adding currently in a household receiving Housing Assistance? YES NO

Someone is being removed from my household: (Name) _____

If known, please provide this person/s new address: _____

Household Income: New or increased income: Employment SS Benefits TANF
Please circle all that apply Pension Family Support Other: _____ Child Support _____
Case number

Decreased or removed income: Employment SS Benefits TANF
Pension Family Support Other: _____ Child Support _____
Case number

Please provide the following:
For new employment

Name of Household Member _____
Name of Employer: _____
Address: _____
City, St, Zip _____
Phone number: _____ Fax _____
Rate of pay _____ Hours/week _____
How often are you paid? Please circle below
Weekly Bi-Weekly Semi-Monthly Monthly
Start Date of employment: _____

For terminated employment

Name of Household Member _____
Name of Employer: _____
Address: _____
City, St, Zip _____
Phone Number: _____ Fax _____
Date Employment was ended: _____

Student Status (please list household member name, attach financial aid award letter & tuition statement):

_____ is a student at an institution of higher education.

_____ Is no longer a student.

Expenses have: Increased Decreased Please circle
i.e. child care, medical, disability

Head/spouse/co-head must be 62 and older or disabled for medical or disability expenses to qualify

Please describe change: _____

Assets have: Increased Decreased Please circle
i.e. new IRA, new Stocks, new checking or savings
Certificate of Deposit (CD)

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

Please print name of person reporting change

Signature Date