



PUBLIC HOUSING CHANGE FORM-CURRENT RESIDENTS

This form is for Public Housing Residents Only and MUST be returned to the Housing Authority when changes occur in your household.

Please check all that apply.	
I am requesting the following:	
<input type="checkbox"/> Name Change	<input type="checkbox"/> Household Composition Change
<input type="checkbox"/> Phone/Address Change	<input type="checkbox"/> Employment/Income Change
	<input type="checkbox"/> Other
Household Information	
Name: _____	SSN: _____
Address: _____	
City/State _____	Zip Code: _____
Telephone: _____	Alternate #: _____
I. Household Composition Change:	
<input type="checkbox"/> Addition to household member(s) listed below.	
<input type="checkbox"/> Removal of household member(s) listed below.	
Name: _____	SSN: _____
DOB: _____	Sex: _____ Relationship: _____
Present Employment: _____	Hour Per Pay Period _____
Rate of Pay: \$ _____	Pay Schedule (Circle One): Weekly Bi Weekly Monthly Semi Monthly
Reason: _____	
II. Employment/Income Change:	
Previous Employer: _____	Phone #: _____
Last Date of Employment: _____	
If separating from a job, a separation notice is required before income can be removed from your case.	
Other Income: _____	
(AFDC, Child Support, Cash Gift, Etc.)	
Current Employer: _____	Phone #: _____
First Date of Employment: _____	
If starting a new job, please sign and date an Income Verification Form (see Receptionist) and attach to change form.	
Rate of Pay: \$ _____	Pay Schedule (Circle One): Weekly Bi Weekly Monthly Semi Monthly
Other Income: _____	
(AFDC, Child Support, Cash Gift, Etc.)	
III. Childcare	
<input type="checkbox"/> Request to change Childcare providers listed below.	
<input type="checkbox"/> Request to add Childcare provider listed below.	
<input type="checkbox"/> Request to remove Childcare Expense from my case.	
1. Name of Previous Childcare Provider: _____	
Phone Number: _____	
2. Name of Previous Childcare Provider: _____	
Phone Number: _____	
IV. Other (please explain):	
**Rent changes will not be made until all necessary documentation is received. Rent decreases will be effective the month after verification is received. Rent Increases will be effective a minimum of 30 days after verification is received. **	
Signature of Applicant _____	Date _____