

REPORTING CHANGES TO HAB
(ALL CHANGES MUST BE REPORTED BY THE 15th OF THE MONTH)

Name of Head of Household / Phone # _____
Name of Housing Caseworker

I am reporting a change in: **Effective Date of change** _____

Family Composition (Moving someone in or out, getting married, giving birth, adoption, etc.)

Someone is being added to my household Yes No

If yes, please provide Name, Social Security Number (Age 6 & Older) and Birth Certificate. You will also need to schedule an appointment with your caseworker before the 20th of the month.

Someone is being removed from my household Yes No

If yes, please provide name of person being removed and address (if known) of where they are moving to.

Household Income (Wages, Social Security, TANF, Child Support, SSI, Worker's Comp, Unemployment, Income from others (family, friends, etc.), Food Stamps, LIEAP) **Please attach pay stubs or award letter of benefits i.e. TANF, LIEAP, Food Stamps, Child Care Assistance, SS, SSI and Child Support.**

My household income has Increased Decreased

Please describe change _____

_____ and

If new or changed employment, for any household member, provide the following:

Name of Household Member: _____

Name of Employer _____ Phone _____

Address _____ Rate of pay _____

Termination/Start Date of employment: _____ Hours/week _____

How often are you paid? Weekly Bi-Weekly Semi-Monthly Monthly

Expenses (child care, medical (for age 62 & over and disabled), disability)

My household expenses have Increased Decreased

Please describe change: _____

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