

**CHANGE REPORT FORM**

**Housing Specialist Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

**COMPLETE THE FOLLOWING:**

**JOB STARTED**

<b>Who Started a Job?</b> _____ <b>Date Job Started:</b> _____
<b>New Employer:</b> _____ <b>Address:</b> _____
<b>Position:</b> _____ <b>Wages:</b> _____

**JOB STOPPED**

<b>Previous Employer:</b> _____ <b>Address:</b> _____
<b>Phone #:</b> _____
<b>Who Quit or Lost job?</b> _____ <b>Date Job Ended:</b> _____
<b>Ending Wages (YTD or Hourly):</b> _____ <b>Date of Final check:</b> _____
<b>Reason for Leaving:</b> _____

**OTHER INCOME CHANGES**

( ) Alimony ( ) ADC ( ) Child Support ( ) SSI ( ) SSA
( ) Other: _____
<b>Start Date:</b> _____ <b>Amount: \$</b> _____ <b>per week\month\year</b>

**COMPLETE OTHER SIDE**

**FAMILY COMPOSITION**

<b>( ) Add Person to Household</b>	
Name: _____	SSN: _____ - _____ - _____
Birth Date: ____ - ____ - _____	Birth Place: _____
<b>( ) Remove Person from Household</b>	
Name: _____	SSN: _____ - _____ - _____
Birth Date: ____ - ____ - _____	Birth Place: _____

**OTHER**

( ) \_\_\_\_\_  
\_\_\_\_\_

**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.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

