

Housing Division Change Reporting Form

Please review and complete all sections where changes apply. This information will help us determine your assistance.

Head of Household _____
 Unit Address _____
 Unit City, State, Zip _____
 Mailing Address (if different than above) _____
 Telephone Number _____ Home Work Cell Other _____
 E-mail address _____ I would like to receive correspondence via e-mail

Part 1: Family Composition

1. Last Name & Sr, Jr. etc.		2. First Name		3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
8. Ethnicity (Check One Box) <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino		9. Race (Check All That Apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American			10. Social Security Number		11. Living in Household <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Last Name & Sr, Jr. etc.		2. First Name		3. MI	4. Date of Birth	5. Sex <input type="checkbox"/> M <input type="checkbox"/> F	6. Relation	7. Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No
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Part 2: Asset Information

1. Account Holder		2. Type of Account		3. Account Number	4. Account Balance \$	5. Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	
6. Verification Source Name and Address						7. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
1. Account Holder		2. Type of Account		3. Account Number	4. Account Balance \$	5. Account Status <input type="checkbox"/> Open <input type="checkbox"/> Closed	
6. Verification Source Name and Address						7. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part 3: Household Income

1. Household Member Name		2. Income Type		3. Monthly Income \$	4. Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verification Source Name and Address							
1. Household Member Name		2. Income Type		3. Monthly Income \$	4. Current Income <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verification Source Name and Address							

Part 4: Household Expense

1. Household Member Name		2. Allowance Type (Medical, Disability, Childcare)		3. Monthly Payment \$	4. Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verification Source Name and Address							
1. Household Member Name		2. Allowance Type (Medical, Disability, Childcare)		3. Monthly Payment \$	4. Current Expense <input type="checkbox"/> Yes <input type="checkbox"/> No	5. Documentation Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Verification Source Name and Address							

Part 5: Head of Household Must Sign this Form Certifying Accuracy of Information Provided

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Signature _____

Date _____