

Change of Information

Changes need to be reported within 10 days from date of change. For Income decreases, this form needs to be returned by the 15th of the month in order for our office to attempt to process the change for the following month.

Name: _____	Spouse: _____
Address: _____	City/State/Zip _____
Phone Number/Message Number _____	

Do you anticipate that this change will INCREASE OR DECREASE your rent? (circle one)

What has changed? Circle each item that has changed and then fill out the information requested that pertains to each item that you have circled below.

- | | | | |
|------------------------------------|------------|--|---------------|
| Employment | FIP | Social Security/SSI | Child Support |
| Other Income | Child Care | Medical Expenses | |
| Request to Add Person to Household | | Removing Person from Household | |
| Any other Change | | Turning in Requested Information/Documents | |

Please provide the following information for each item that you have circled above **AS WELL AS UPDATE YOUR INFORMATION ON ALL YOUR INCOME SOURCES.**

Employment

Current/New Employment: _____

Address/Location: _____

Date Started _____ Hourly Rate \$ _____ Avg. Number of Hours per week? _____

If No Longer Employed, previous employer: _____ Date Ended _____

Will you be applying for Unemployment Benefits? Yes or No

Will you be applying for FIP? Yes or No

FIP – If possible provide copy of DHS decision letter

Old FIP Amount \$ _____ New FIP amount \$ _____

Effective Date of Change _____ Most recent DHS worker _____

Reason for Change in FIP amount? _____

Social Security/SSI – YOU MUST provide most recent decision letter from Social Security that reports this change

or **call 1-800-772-1213** to request a benefit verification letter to provide for our office.

Old Monthly Amount \$ _____ New Monthly Amount \$ _____

Effective Date of Change _____ Reason for Change: _____

Child Support – Include case number if known

Old Monthly amount \$ _____ New Monthly Amount \$ _____
Effective Date of Change _____ Reason for Change _____
If not paid through Friend of Court or Child Support Recovery how is it paid? _____

Other Income

Source of Income _____
Reason for Change _____

Child Care- If working or full time student

Monthly Amount Paid for Childcare, not paid by block grant or 3rd party. \$ _____
Childcare Provider: _____
Address : _____

Medical Expenses – Elderly and Disabled Households only

What has changed? _____

Request to Add Name to Household – *Must be related by blood, marriage or adoption.*

YOU MUST INCLUDE WITH THIS CHANGE FORM proof of relationship such as birth certificate, marriage license or legal documents. As well as copy of Social Security Card for the person you are requesting to add.

Name of Person to be added _____
Relationship to head of household _____

Removing Name from Household – *Requires 2 verifications of new address or legal documentation to remove name from household.*

Name of Person to be removed _____
Reason to be removed _____

Any other Change of Information- Please Explain

I certify that the information on this form is true and complete to the best of my knowledge and belief.
WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

Signature _____ Date _____

Spouse or Other Adult _____ Date _____