

# Change Report



Head of Household: \_\_\_\_\_ SSN: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Occupancy Specialist: \_\_\_\_\_ **ONLY fill out sections that have changed**

## Change in Employment Income

Name of Whom has the Change	Adding, Removing, or Reporting Raise	Employer's Name, Address, and Phone No.	Dates Worked	Pay Rates
		Name: _____ Address: _____ Phone No.: _____	Start: _____ End: _____	Per _____
		Name: _____ Address: _____ Phone/Fax No.: _____	Start: _____ End: _____	Per _____

## Change in Other Income

DCF	TAF	Food Stamps	Child Support	Social Security	Unemployment	Retirement Pension	Other Income
\$ Per _____	\$ Per _____	\$ Per _____	\$ Per _____	\$ Per _____	\$ Per _____	\$ Per _____	\$ Per _____

Child Support District Court: \_\_\_\_\_ Case Number: \_\_\_\_\_

## Change in Household

Adding	Full Name	SSN	Date of Birth	Age	Sex	Relationship to

## Change in Expenses

Type of Expense	Name and Contact	Amount Paid (Out of Pocket)	Frequency
<input type="checkbox"/> Child Care <input type="checkbox"/> Medical (62+ and/or Disabled)	Name: _____ Phone: _____ Address: _____ Fax: _____	\$ _____	Per _____

Describe change being reported, in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Documents REQUIRED before change can be processed:**

**New Job:** Letter (on employer’s letterhead) stating rate of pay/hours worked per pay period and hire date and/or one months worth of pay check stubs (2-4 pay check stubs)

**Lost Job:** Letter (on employer’s letterhead) stating stop work date. Unemployment award/denial letter

**TAF:** Start/Stop—Copy of benefit letter

**Child Support:** Start/Stop—Benefit statement/Copy of payment history from county (if available)

**Social Security:** Copy of award letter or benefit statement

**Birth/Adoption:** Birth certificate, social security card, adoption papers

**CERTIFICATION:** I DO HEREBY SWEAR AND ATTEST THAT ALL OF THE INFORMATION ABOVE ABOUT ME AND MY HOUSEHOLD IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT ALL CHANGES IN THE INCOME OF ANY MEMBER OF THE HOUSEHOLD AS WELL AS ANY CHANGES IN HOUSEHOLD MEMBERS MUST BE REPORTED TO THE JOHNSON COUNTY HOUSING AUTHORITY IN WRITING IMMEDIATELY.

**WARNING!** TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES. THIS INCLUDES THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THEREBY THE JOHNSON COUNTY HOUSING AUTHORITY.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_