REPORTING CHANGES TO HAB All changes must be reported by the $15^{\rm th}$ of the month AND documentation must be attached to process

Decreased or removed income: Employment TANF SS Benefits Child Support Pension Case numb Family Support Other: Pension Case numb Pension Case numb Family Support Other: Pension Case numb Pension Case	V .	1 .	1	•		*			
City, St, Zip	Name of Head of Hous	ehold P	old Phone #		Name of Housing Specialist				
Family Composition (You must schedule an appointment with your caseworker before the 15th of the month Someone is being added to my household: (Name) Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certific Is the person/s you are adding currently in a household receiving Housing Assistance? YES Nomeone is being removed from my household: (Name) If known, please provide this person/s new address: Household Income: New or increased income: Employment SS Benefits Child Support Pension Case numb Family Support Other: Decreased or removed income: Employment TANF SS Benefits Child Support Pension Case numb Family Support Other: Please provide the following: Case numb Family Support Other: Please provide the following: For terminated employment Name of Household Member Name of Household Member Name of Employer: Address: Add		•	Family con	aposition	Income	Expenses	Assets	Student Status	
Someone is being added to my household: [Name] Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certification Is the person/s you are adding currently in a household receiving Housing Assistance? YES	New Mailing Address:			(City, St, Zi	p			
Please provide the following for each new member: Orig. Social Security Card, 214 form & Birth Certific Is the person/s you are adding currently in a household receiving Housing Assistance? YES Nomeone is beeing removed from my household: (Name)	Family Composition	(You must schedul	e an appoint	ment with	your cas	eworker bel	ore the 1	15 th of the month)	
Please circle all that apply SS Benefits Child Support	Please provide Is the person/s Someone is being remo	the following for easy you are adding curved from my house	ach new mem	household	l receiving	g Housing A	ssistance	e? 🗆 YES 🗖 NO	
SS Benefits Child Support Pension Case numb Family Support Other: For new employment Name of Household Member Name of Household Member Name of Household Member Name of Employer: Address: City, St, Zip Phone number: Fax Hours/week How often are you paid? Please circle below Weekly Bi-Weekly Semi-Monthly Monthly Start Date of employment: Student Status (please list household member name, attach financial aid award letter & tuition statement): is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Head/spouse/co-head must be 62 and older or Islabled for medical or disability expenses to qualify Please describe change: certify that the information provided above is true to the best of my knowledge. I understand that providing false noomplete or misleading information could result in termination of my housing assistance.			income:	SS Benef Pension	īts	Other:	Child St	Case number	
Please provide the following: For new employment Name of Household Member Name of Household Member Name of Household Member Name of Employer: Address: City, St, Zip Phone number: Fax Phone number: Fax Address: City, St, Zip Phone Number: Fax Outhout often are you paid? Please circle below Weekly Bi-Weekly Semi-Monthly Monthly Start Date of employment: Student Status (please list household member name, attach financial aid award letter & tuition statement): is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Isaded/spouse/co-head must be 62 and older or Isiabled for medical or disability expenses to qualify Please describe change: 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.		Decreased or remo	oved income:	SS Benef Pension	its	Other:	Child St	Case number	
Name of Employer: Name of Employer: Address: City, St, Zip Phone number: Fax Phone Number: Rate of pay Hours/week How often are you paid? Please circle below Weekly Bi-Weekly Semi-Monthly Monthly Start Date of employment: Student Status (please list household member name, attach financial aid award letter & tuition statement): is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Head/spouse/co-head must be 62 and older or lisabled for medical or disability expenses to qualify Please describe change: 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 provide the foll	lowing:		•					
Name of Employer:	For new employment	C		For term	inated en	ployment			
Address: City, St, Zip Phone number: Fax Hours/week How often are you paid? Please circle below Weekly Bi-Weekly Semi-Monthly Monthly Start Date of employment: Student Status (please list household member name, attach financial aid award letter & tuition statement): is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Lead/spouse/co-head must be 62 and older or lisabled for medical or disability expenses to qualify Please describe change: 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.	Name of Household Me	ember	-	Name of	Househol	d Member			
City, St, Zip Phone number: Fax Phone Number: Fax Phone Number: Fax Phone Number: Fax City, St, Zip Phone Number: Fax Cate of pay Asset Shave: Increased Decreased Please circle i.e. new IRA, new Stocks, new checking or savings Certificate of Deposit (CD) 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.	Name of Employer: Address:			Name of Address:	Employer	·			
Neekly Bi-Weekly Semi-Monthly Monthly Start Date of employment:	City, St. Zip			City, St, 2	Zip				
Neekly Bi-Weekly Semi-Monthly Monthly Start Date of employment:	Phone number:	<u>Fax</u>		Phone Nu	ımber:		<u>Fax</u>		
is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Itead/spouse/co-head must be 62 and older or Is no longer a student. Assets have: Increased Decreased Please circle i.e. new IRA, new Stocks, new checking or savings Certificate of Deposit (CD) Certificate of Deposit (CD) 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.	Rate of payHours/week_ How often are you paid? Please circle below Weekly Bi-Weekly Semi-Monthly Monthly Start Date of employment:			Date Employment was ended:					
is a student at an institution of higher education. Is no longer a student. Expenses have: Increased Decreased Please circle i.e. child care, medical, disability Itead/spouse/co-head must be 62 and older or Is no longer a student. Assets have: Increased Decreased Please circle i.e. new IRA, new Stocks, new checking or savings Certificate of Deposit (CD) Certificate of Deposit (CD) 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.	Student Status (please	list household me	mber name,	attach fin:	ancial aid	award lette	r & tuiti	on statement):	
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ncomplete or misleading information could result in termination of my housing assistance.	disabled for medical o	r disability expens	es to qualify		-	, ,			
Please print name of person reporting change Signature Doto								at providing false,	
	Please print name of pe	rson reporting chan	ge	Signatura		. .		/	