Change of Income or Family Composition

Head of Household Name (Last Name, First Name) Head of Household SSN

Street Address

Primary Phone Number Primary E-Mail Address

Instructions: Complete only the sections that are necessary to tell us how your household income or conditions have changed. Provide a response for all items in the applicable section and attach additional pages if necessary.

What type of Change:

- ☐ I am reporting an increase in household income
- ☐ I am reporting a decrease in household income
- ☐ I would like to remove a household member
- ☐ Other: _____

EMPLOYMENT – *Attach paystubs or a letter from employer*	
Change in pay or new employment	Employment ended
Household Member Name:	Household Member Name:
Employer Name:	Employer Name:
Employer Phone Number:	Employer Phone Number:
Employer Address:	Employer Address:
Effective date of change:	End Date:
Hourly pay rate $ Hours per week	☐ Attach confirmation from employer of your last day worked

OTHER INCOME - *Check all applicable boxes, write in details and attach statements*	
☐ Child Support ☐ Unemployment Benefits ☐ Pension or annuity ☐ DHR/TANF ☐ Social Security or SSI ☐ Other: _____ ☐ Gifts or Contributions ☐ V.A. Benefits	
Household Member Name:	Household Member Name:
Describe Change:	Describe Change:
Amount $ Per ☐ Week ☐ Month	Amount $ Per ☐ Week ☐ Month
Start Date: End Date:	Start Date: End Date:

No Income – *Complete this section if an adult in the household does not have any income or receive any contributions*	
Household Member Name:	Start Date:
Describe Income Change:	

Child Care Expenses – *Attach a statement from the provider that includes any subsidies and/or co-pays*

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Date of Change:	Household Member Name:
Provider Name :	Provider Phone Number:
Provider Address:	Portion Paid: Per ☐ Week ☐ Month

Student Status (adults) – *Attach verification of enrollment status and financial aid*	
Household Member Name:	Start Date:
Provider Name :	Provider Phone Number:
Provider Address:	Portion Paid: Per ☐ Week ☐ Month

Household Composition *See instructions below for appropriate attachments*

☐ Complete a Request to Add a Household Member form if you want to add someone to your household.

☐ Removing a member form the household

Household Member _____ Move out Date _____

Attachments: ☐ Verification of the household member's new address, such as lease, or a utility bill showing the name and address

☐ Written verification from your landlord acknowledging the person is no longer in your household

☐ Name Change

Old name _____ New Name _____

Attachments: ☐ Copy of name change court order

☐ Social Security number verification with the new name

Other Change *If no other section applies, use this space to explain your household's income/circumstances*

Household member _____ Date of change _____

Describe change _____

Important: Housing Authority City of Orange must receive your written notice of your income and/or household conditions change within 10 days of the change. If this form is not completely filled out and/or supporting documentation is not attached, the review may be delayed. If changes are reported late (more than 10 days of change) or not at all, you may subject to you could owe MHA money and may risk losing your housing subsidy. When reporting a decrease in income, decrease must be expected to last at least 30 days.

I certify that the change(s) in my household income, composition and/or expenses reported on this form is/are true and complete; and request the appropriate adjustment to my portion of rent.

_____ _____

Signature of Head of Household Date