



**CHANGE OF INCOME AND/OR FAMILY COMPOSITION**

Type of Change (please check):  Income  Family Composition

Head of Household:

\_\_\_\_\_

Subsidy # : \_\_\_\_\_ - \_\_\_\_ Social Security #: \_\_\_\_\_ Phone #: \_\_\_\_\_

**INCOME CHANGE:**

Are you reporting an  Increase or  Decrease in household income

You must provide the required documentation/verification with your reported change/s. See checklist at the back.

**If reporting a decrease in income:**

Income that is decreasing: \_\_\_\_\_

Family member with a decrease: \_\_\_\_\_

Date income changed: \_\_\_\_\_

Reason for decrease: \_\_\_\_\_

**If reporting an increase in income:**

Income that is increasing: \_\_\_\_\_

Family member with an increase: \_\_\_\_\_

Date income changed: \_\_\_\_\_

Source of Income: Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**FAMILY COMPOSITION CHANGE:**

You must provide the required documentation/verification with your reported change/s. See checklist at the back.

Name	Addition (please check)	Deletion (please check)	Relation to the Head of Household	Social Security Number	Date of Birth	Gender

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date



## CHECKLIST OF VERIFICATION DOCUMENTS TO SUBMIT WITH REPORTED CHANGES

### I. INCOME CHANGE

#### A. No Longer Employed:

- Letter on company letterhead from employer verifying last date of employment.
- Unemployment print-out from Employment Development Department. To request print-out, call 1-800-300-5616
- TANF- current Notice of Action from Social Services Agency

#### B. New Employer:

- Letter from employer on company letterhead verifying effective date of employment, hourly wage and total hours worked per week
- All available paycheck stubs

#### C. Increase or Decrease in Wages:

- Paycheck stub/s and/or a letter from employer on company letterhead verifying new hourly wage and total hours worked per week.
- Disability Benefits print-out from Employment Development Department. To request print-out, call 1-800-300-5616
- Social Security Income (SS/SSI) – current award letter or computer print-out from Social Security Administration. To request a print-out, call 1-800-772-1213.

### II. FAMILY COMPOSITION CHANGE

#### A. Addition of Family Member:

- Social Security Card (HA to view original)
- Citizenship/Evidence of Immigration Status (HA to view original)
- Birth Certificate for minors (HA to view original)
- Photo ID for adults (HA to view original)
- Letter/Notice from Landlord approving addition of new members

#### B. Deletion of Family Member:

- Letter/Notice from Landlord acknowledging that member being deleted no longer resides in the unit.
- Proof of new residence address for member being deleted (lease agreement, Driver's License, utility bills, etc)