

REPORT OF CHANGE OF INCOME/FAMILY COMPOSITION

Caseworker _____ Received by _____

Head of Household Name: _____ Date: _____

Current Phone # _____ Address: _____

Email Address: _____

CHANGE BEING REPORTED (Please check the applicable boxes):

Remove a member from the household Add a family member to my household*

Change in utility provider: company name & account

Company Name: _____

Account Number: _____

Increase in household income Decrease in household income

Household member turned 18, reporting their income

Adult member, reporting no longer a full time student

Change in childcare expense. Circle one: **NEW** **ENDED** **INCREASED** **DECREASED**

Name of child care provider: _____ Effective date: _____

Address of provider: _____ Phone number: _____

All Changes in income and household composition must be reported in writing within 7-10 business days of effective day of change. You are required to provide proof (documentation) of the changes that you are reporting including social security cards, birth certificates and proof of guardianship.

Decrease/Changes submitted by the 10th of the month with documentation will be processed effective the next following month. Changes submitted after the 10th will be made effective the 1st of the 2nd month following.

I am requesting to ADD or REMOVE the following family member(s)

| Name of Family Member | Relation to Head of Household | Sex | Age | Date of Birth | Social Security Number | Request |
|-----------------------|-------------------------------|-----|-----|---------------|------------------------|---|
| | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove Date moved: _____ |
| | | | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove Date moved: _____ |

*I understand that an additional member may not be added to my lease and may not move into the subsidized unit until TCOG and Landlord have formally approved the request.

*Newborns require birth certificate and social security card.

*Eligible add-ons are: Spouse/Partner, Mother, Father, Brother, Sister, Child, or Grandparents to the Head of Household or Spouse. All adults will require a background check before they can be added to the household.

List below changes of income for **ALL** members of the household regardless of age. This includes income changes for current household members or for a new member you are requesting to add to the household. **You must submit current verification of the change: i.e. check stubs (3), a current letter from your employer, or a current printout of benefits received from the appropriate agency.**

Explanation of the change(s) below: _____

| Name of Family Member | Type of Income and Name of Income Source | Address/ Phone Number of Source | Amount | Frequency (weekly, bi-weekly, monthly) | Start/ End Date |
|-----------------------|--|---------------------------------|--------|--|-----------------|
| | | | | | |
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| | | | | | |

Certification

I declare, under penalty of perjury, that the above information is true and complete. **WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

 Signature of Head of Household

 Date