

### Income/Family Member Change Form

**NOTE:** Changes to household income and number of people in the household **MUST** be reported **within 10 days of the change**. If you report changes late or not at all, you could owe the AHA money and or risk losing your housing assistance.

**Reason for Change Request (Please Check Mark Below):**

- |  |  |
|--|--|
| <input type="checkbox"/> Increase in income <i>(Verification of income increase must be attached to this form)</i><br><input type="checkbox"/> Decrease in income <i>(Verification of income decrease must be attached to this form)</i><br><input type="checkbox"/> Remove a household member(s)<br><input type="checkbox"/> Medical Expense Change | <input type="checkbox"/> Add a household member(s)<br><input type="checkbox"/> Other (please specify): _____ |
|--|--|

Head of Household Name: _____	
Phone Number: _____	Email Address: _____

**Income Change**  Increase  Decrease

Name of the Person with Income Change: \_\_\_\_\_

Income Type: \_\_\_\_\_

Explanation of Change: \_\_\_\_\_

\_\_\_\_\_

***Attach verification of income change to this form***

**Income Change**  Increase  Decrease

Name of the Person with Income Change: \_\_\_\_\_

Income Type: \_\_\_\_\_

Explanation of Change: \_\_\_\_\_

\_\_\_\_\_

***Attach verification of income change to this form***



### Changes to the Number of People in the Household

Adults **MAY NOT** move in until they are APPROVED by both your landlord and the AHA. Failure to comply may result in termination of your subsidy. You **MUST** have your landlord sign this document acknowledging the changes in your household composition. You are **required** to provide **birth certificate, social security card and a photo identification (adults only)** for the person(s) being added. If additional household changes need to be reported, please request additional forms.

#### Add a Family Member

Name: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Proposed Date of Move In: \_\_\_\_\_

Race:  Caucasian  African American  American-Indian/Alaskan Native  Asian  Native Hawaiian/Pacific Islander

Ethnicity:  Hispanic  Non-Hispanic      Disability:  Yes  No      Veteran:  Yes  No

Does this person have income?  Yes  No      If Yes, please complete **INCOME CHANGES**

If new household member is a child, what % of custody does the Head of Household or Co-Head of Household have?

Full Custody  Shared Custody      If shared, what % of time will be spent in your household? \_\_\_\_\_ %

***Attach birth certificate, social security card and photo ID (if adult) to this form***

#### Remove a Family Member

Name of person to be removed: \_\_\_\_\_

Date of Move Out: \_\_\_\_\_

***Attach verification of new address to this form***

I, \_\_\_\_\_ (Printed Name) certify this information to be true, complete and accurate. I acknowledge that falsifying or manipulating information may result in termination from the Housing Choice Voucher Program. I understand all changes to my household composition, income or other circumstances which may occur after I complete this form must be reported **in writing** to the AHA **within ten (10) business days of the change.**

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

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

Added/Removed Family Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

