

CHANGE REPORTING & REQUEST FORM

Date: _____ Head of Household: _____
Phone number: _____ Email Address: _____
Address: _____
Mailing Address if different: _____

☐ **End of Employment** Household member: _____
Employer: _____ Date employment ended: _____

☐ **End of Benefit** Household member: _____
Benefit Type: _____ Date benefit ended: _____

☐ **New Employment** Household member: _____
Employer: _____ Date employment began: _____

☐ **New Benefit** Household member: _____
Benefit Type: _____ Date benefit began: _____

☐ **Remove a household member**
Household member: _____ Date of move out: _____
Household member: _____ Date of moved out: _____

☐ **Name Change:** From: _____
To: _____

☐ **Request to add a household member: Member may need to complete eligibility/suitability screening before being added to the household.**

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Changes in Family Unit Size (Voucher Size) Irrespective of any increase or decrease in the payment standard, if the family unit size increases or decreases during the HAP contract term, the new family unit size must be used to determine the payment standard for the family beginning at the family's first regular reexamination following the change in family unit size.

☐ **Request to Move**

☐ **Request to Port Voucher To:** _____

You will be contacted by a Housing Choice Voucher Specialist to discuss and determine necessary verifications to provide and/or what processes need to be completed.

Do not move or allow anyone to move in without receiving approval from the Housing Authority.

You will receive a response within 10 days of the request made.

Additional Notes/Information:

[illegible]

You will receive a response within 10 days of the request made.