



Housing Choice Voucher Program – REPORT OF CHANGE IN INCOME/FAMILY COMPOSITION
ENTIRE FORM MUST BE COMPLETED

HEAD OF HOUSEHOLD: _____ TELEPHONE (Home): _____

ADDRESS: _____ (Work): _____

_____ (Cell/Message): _____

Household Composition and Characteristics

List the Head of Household and all other persons living in the assisted unit. Give the relationship of each person to the head.

Full Name	Relationship to Head	Date of Birth	Age	Sex	
	Head of household				SSN xxx-xx- ____ _
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___
					Over 18 and full time student? Yes ___ No ___

Sources of Income –Employment, Public Assistance, Social Security, SSI, Pension, Disability Compensation, Retirement Benefits, Veteran’s Benefits, Unemployment Compensation, Interest, Baby Sitting, Care taking, Alimony, Child Support, Annuities, Dividends, Bonds, Mutual Funds, Income from Rental Property or other Real Estate, Armed Forces Revenues, Scholarships and/or Grants, Financial Assistance from other persons, Lump Sum Payments (inheritance, insurance, lottery winnings, etc.)

Report ALL current household income and separate different income amounts		
Household Member	Source of Income/ Name of Employer	Amount of Gross Monthly Income
1.		
2.		
3.		
4.		
5.		

CHANGE BEING REPORTED: Explain the change in the space provided below

REQUIRED DOCUMENTATION (Attach one of the following for each change being reported):

- Recent pay stubs or letter from employer, recent printout from EDD or check stub, recent printout or current Notice of Action from Welfare, letter from Social Security Administration, copy of check/DA printout/letter/court documents, etc.
- If deleting household member - Attach verification of new address (i.e. lease, rent receipt, business mail, etc.)

DATE OF CHANGE _____ Explanation of change: _____

Changes in income cannot be processed without verification. Failure to complete this form and attach the required documentation will delay processing. To decrease tenant portion of rent by the following month, changes must be reported and verified by the 20th of the month.

Adding a Household Member: Attach the letter from your landlord approving this addition to your household.
 (Any addition that is not by birth, adoption or legal guardianship must be pre-approved by the Roseville Housing Authority)
 Full Name: _____ Date of Birth: ___/___/___ Relationship: _____

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.

I declare, under penalty of perjury, that the above information is true and complete.

 SIGNATURE OF HEAD OF HOUSEHOLD

 DATE

White copy – Roseville Housing Authority
 Yellow copy – Tenant (keep date stamped copy for your records)

Date Received: