



Housing Authority of the City of
MARCELINE

CHANGE OF INFORMATION FORM

Name of Head of Household _____

Address _____

Phone _____

Email Address _____ SSN (Last 4 digits) XXX-XX-_____

Are you: On a waiting list Living in public housing

What is changing? Address or phone number Income Family composition (who lives with you)

Something else (specify:) _____

ADDRESS/PHONE NUMBER CHANGE:

Old Address/Phone Number _____

New Address/Phone Number _____

INCOME CHANGE: Effective date of this change: _____

Source: Job/Working ***You must attach paystubs to this form.

Employer Name _____

Phone _____

Address _____

Pay per hour: \$ _____ Hours per week: _____

Are you paid: weekly biweekly other _____

Child Support

Name of Domestic Relations office handling case: _____

For which children? _____ Amount \$ _____/month

SSI Social Security TANF/Cash Assistance Pension Unemployment Investments

Other - Please specify: _____

Did this income: START Date started _____ New amount per month: \$ _____

STOP Date stopped _____

CHANGE Date changed _____ Old amount: \$ _____ New amount: \$ _____

If you have child care, did it: Start Stop Stay the same

For which children? _____

Child Care Provider _____

Phone _____

Address _____

How much do you pay out of pocket? \$ _____ per week

CHANGE IN FAMILY COMPOSITION:

- Adding someone to your household?
- Removing someone from your household?

Name of person moving out _____

SSN _____ Date of Birth _____

Relationship to You _____

Address they are moving to _____

I am reporting a change in my family's circumstances as described above. I understand that the Authority will use the information provided by me to determine my level of benefits or program eligibility. I understand that the Authority may verify the information I have provided with a third party. I certify that the information provided above is true and correct to the best of my knowledge and belief. I understand that providing false information may be cause for denial or termination of housing assistance and may be punishable under federal law.

Signature: _____

Date _____