

NOTICE OF CHANGE TO MISSOULA HOUSING AUTHORITY
(ALL CHANGES MUST BE REPORTED BY THE 15TH OF THE MONTH)

_____/_____
Name of Head of Household Day Time Phone # Attn: _____
Name of Occupancy Specialist

For Program: (circle one) Public Housing Section 8 Voucher Shelter Plus Care Uptown Apartments

I am reporting a change in: **Date of change** _____

Family Composition (Moving someone in or out, getting married, giving birth, adoption, etc.)

Someone is being added to my household: **(circle one)** Yes/No

If yes, please complete and attach an Add a Household Member packet (available at the Front Desk).

Someone is being removed from my household: **(circle one)** Yes/No

If yes, please provide name of person being removed and address (if known) of where they are moving to.

Household Income: Wages, Social Security, TANF, Child Support, SSI, Worker's Comp, Unemployment, Income from others (family, friends, etc.), Food Stamps, LIEAP. **Please attach pay stubs or award letter of benefits i.e. TANF, LIEAP, Food Stamps, Child Care Assistance, SS, SSI and Child Support.**

My household income has: (circle one) Increased/Decreased Date of first check with change: _____

Please describe change _____

and

If new employment or a change in current employment, for any household member, provide the following:

Name of Household Member: _____

Name of Employer _____ Contact Person _____

Address _____ Phone Number _____

Termination/Start Date of employment: _____ # Hours/week _____ Rate of pay \$ _____

How often are you paid? **(circle one)** Weekly Bi-Weekly Semi-Monthly Monthly

Expenses: Child care [children under 13], medical [for age 62 & over or disabled], disability.

My household expenses have: (circle one) Increased/Decreased

Please describe change: _____

I certify that the information provided above is true to the best of my knowledge. I understand that providing false, incomplete or misleading information could result in termination of my housing assistance.

_____/_____
Please print name of person reporting change **Signature** **Date**