

**ST. CLAIR COUNTY HOUSING AUTHORITY
CHANGE IN INCOME / HOUSEHOLD COMPOSITION REPORT FORM**

Head of Household's Name:

First: _____ M.I. _____ Last _____

Social Security Number: _____

Street Address: _____

City / Zip: _____

Phone Contact: _____ Alternate Phone Contact: _____

What type of change are you reporting (check as appropriate):

- Income change (complete Section 1)
- Change in family composition (complete Section 2)
- Other, please describe _____

What is your current tenant rent portion? \$ _____

Section 1 - Income Changes: What type of income change are you reporting?

- Increase in monthly income
- Decrease in monthly income
- Change in source of income

When did the change in income become effective? _____

Describe the change in income you are reporting (i.e. lost job, changed jobs, started receiving a benefit such as SS / SSI / Unemployment, etc):

Section 2 - Household Composition Change: What type of change are you reporting?

- Addition of a household member
- Removal of a household member

Describe the reason for the change you are reporting / requesting: _____

Signature _____ Date _____
Resident's Signature

Acknowledged by: _____ Date _____
SCCHA Staff Signature

THIS FORM MUST BE ACKNOWLEDGED BY A SCCHA STAFF PERSON TO SERVE AS PROPER NOTIFICATION OF CHANGE. YOU ARE RESPONSIBLE FOR PAYING YOUR CURRENT TENANT RENT PORTION UNTIL A NOTICE OF RENT ADJUSTMENT HAS BEEN ISSUED ADVISING YOU OF ANY CHANGES.