

**PUBLIC HOUSING RESIDENT  
 CHANGE FORM**

NAME: \_\_\_\_\_ Phone #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

If other than head of household, family member who experienced change: \_\_\_\_\_

**I am reporting the following change(s) {Check all that apply and explain below}**

<input type="checkbox"/>	New Employment	<input type="checkbox"/>	WFFA / AFDC benefits started
<input type="checkbox"/>	Employment has ended / Layoff	<input type="checkbox"/>	WFFA / AFDC benefits stopped
<input type="checkbox"/>	Employment hours reduced	<input type="checkbox"/>	Child Support started
<input type="checkbox"/>	Changed jobs	<input type="checkbox"/>	Child Support stopped
<input type="checkbox"/>	Unemployment benefits started/ended	<input type="checkbox"/>	Social Security / SSI benefits started
<input type="checkbox"/>	Daycare expense started	<input type="checkbox"/>	Social Security / SSI benefits stopped
<input type="checkbox"/>	Daycare expense stopped	<input type="checkbox"/>	Other ( <i>Must explain in space provided*</i> )

<input type="checkbox"/>	I need to add someone to my household	<input type="checkbox"/>	I need to remove someone from my household
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Name of person(s) being added or removed from household: \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

Social Security Number \_\_\_\_\_ DOB \_\_\_\_\_

**Current Employer**

Employer	Address	Beginning Date	Ending date	Hours per week	Hourly Rate

**Previous Employer**

(Must be completed if reporting a job ending, layoff, or change in jobs)

Employer	Address	Beginning Date	Ending date	Hours per week	Hourly Rate

\* **Explanation:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_