

## NOTIFICATION OF CHANGE(S)

**INSTRUCTIONS:**

1. This form is to be used **to report within 10 days, any changes in family composition and income.**
2. All changes **must be supported with documents.** Example: SS card, lost job, new job, unemployment, child support, child care, awards or adjustments to SSI, Social Security, TANF, etc.
3. Answer and complete only the information that is affected by the change.
4. If you walk in the office without an appointment, your worker may not be available to meet with you. However, you can use the space below & write the purpose of coming and the worker will try to communicate with you either by phone, letter, or schedule you for an appointment.

Client's Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_

**What would you like to report?**

- Change in Family Composition and Status (if checked, complete Part 1)
- Change in Family income & Deduction (if checked, complete Part 2)
- No change, I just want to talk to my worker (if checked, complete Part 3)

**Part 1 – Indicate the change and complete below. (Attach supporting documents)**

Check Below	Name	DOB	SSN	Date of Change
<input type="radio"/> New child				
<input type="radio"/> Add family member				
<input type="radio"/> Remove family member				
<input type="radio"/> Others (specify)				

**Part 2 – Indicate the change and complete below. (attach supporting documents)**

Check Below	Name	New Pay Rate or # Hrs.	Effective Date	Company or Workplace
<input type="radio"/> New job		\$ /		
New job's address:				
<input type="radio"/> Second job				
Second job's address:				
<input type="radio"/> Lost job				
<input type="radio"/> Pay increase		\$ /		
<input type="radio"/> Pay decrease		\$ /		
<input type="radio"/> Increase hrs.				
<input type="radio"/> Decrease hrs.				

Income & Deductions	Check the Applicable Change(s)				Name	Effective Date	Current Amount
	Began	Stopped	Increased	Decreased			
SSI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Social Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Child Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
VA Benefits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Pension/Ret.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Alimony	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
TANF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Cash	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			

**Part 3 – Write your purpose for wanting to see your case worker below:**

I/We certify the information given above to the Appleton Housing Authority are true and accurate to the best of my/our knowledge. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Other Adult Signature

\_\_\_\_\_  
Date