

**MONTGOMERY COUNTY HOUSING AUTHORITY  
CHANGE IN INCOME/ HOUSEHOLD COMPOSITION REPORT FORM**

Please complete this form for processing of your Change of Income or Household Memebers request. Failure to complete form or submit supporting documentation could result in denial and/or delay of the request. All changes in income for any member of the Household as well as any change in the number of Household Members must be reported in writing withing 10 business days.

**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 \_\_\_\_\_

MCHA Staff Signature