Change Form

Region XII Regional Housing Authority • 320 E 7th Street, PO Box 663 • Carroll, IA 51401 Phone: 712-792-5560 • FAX 712-792-1650

Head	of household name	Date	
Last 4 #s of Social Security number		Phone number	
What	change are you reporting?		
 What	is the date the change happened or wi	II happen?	
>>	LIST <u>ALL</u> INCOME IN YOUR HOU	ISEHOLD (If you need more room, write on the back of the form.) ◀ ◀	
FIP (State cash assistance) \$		Child support you receive \$	
#1 Social Security or SSI gross benefit \$		Who is it for?	
#2 Social Security or SSI gross benefit \$		Who is it for?	
Additi	onal Social Security		
Who works? (Job #1) \$ Where? _		Where?	
Who works? (Job #2) \$ Where?		Where?	
Week	ly Unemployment Benefit\$		
Self-e	mployment/odd jobs/hobbies (cleaning, ba	abysitting, etc.) \$	
Other	income or money/bills paid by others \$	From?	
~~~	···· YOU <u>MUST</u> GIVE US PAPERV	VORK FOR ALL CHANGES!! THIS MAY INCLUDE: >>>>>>>	
	SSA benefit letter		
П П	DHS notice Paycheck stubs (6 weeks or statement	of carnings from ampleyor)	
	Child support printout of payments	or earnings from employer)	
	Termination letter from employer Hand written personal statements		
	·	-0.4.4	
	HOUSEHOLD MEMBER CHANGE	:5◀◀	
	•	e birth certificates, social security cards and photo IDs. All adults added	
		To <u>remove</u> an adult we need written proof of new address where they MEMBER changes will require further forms be completed.	
belie		o RHA is accurate and complete to the best of my/our knowledge and false statements or information is punishable under Federal law ssistance.	
Signat	ture of head of household	 Date	
**AT	TACH DOCUMENTS FOR ALL CHAN	NGES. ACTION WILL NOT BE TAKEN WITHOUT THEM. INCOME	

**ATTACH DOCUMENTS FOR ALL CHANGES. ACTION WILL NOT BE TAKEN WITHOUT THEM. INCOME CHANGES MUST BE RECEIVED BY THE 20^{TH} OF THE MONTH IF YOU WANT A DECREASE IN YOUR RENT PORTION FOR THE FOLLOWING MONTH.