



WAYNE METROPOLITAN HOUSING AUTHORITY

PH/HCV Program Household Changes Form

(Please Print Clearly)

Head of Household _____ Date: _____

Address _____ Email: _____

Social Security Number _____ Phone #: _____

CHANGE IN EMPLOYMENT/INCOME

1. Who has income? _____
2. **New job** _____ **Loss Job** _____ **Changed jobs** _____
3. Employer Name: _____
4. Employer Address: _____
5. Date of Hire/Loss: _____
6. Hourly Wage \$ _____ Tips _____ Hours Per Week _____
7. **Receiving** _____ **No Longer Receive** _____ : Child Support/Alimony Amount \$ _____
*(*provide a 6-month Child Support/Alimony Printout)*
8. **Receiving** _____ **No Longer Receive** _____ : Social Security Income Amount \$ _____
*(*provide SSI benefit letter)*

HOUSEHOLD MEMBER CHANGE

1. Name of **NEW/REMOVED** member(s) _____
2. Social Security Number of **NEW** member _____
3. Date of birth of **NEW** member _____
4. Is **NEW** member employed? Yes _____ No _____
5. If yes, place of employment _____

*Please fill out a **Release & Declaration** and provide the **NEW/REMOVED** members. **Birth Certificate, Social Security Card, Photo ID and Proof of Income/Zero Income Statement** for ALL NEW members.

MESSAGE/NOTES

Signature: _____

Office Use Only:

R&D No Income Statements Paystubs/Verifications Initials _____