

Household Information Change Form
Hancock Metropolitan Housing Authority
 1800 N. Blanchard St. Suite 114, Findlay, Ohio 45840

After this form is submitted it could take up to 60 days to process.

HEAD OF HOUSEHOLD _____ PHONE NO. _____

PRESENT ADDRESS _____

MAILING ADDRESS _____

Circle the reason you are reporting a change in your household: (circle all that apply)

- Income Increase Income Decrease Child Support Change
- Phone Number Household Composition: adding or removing a member? (See below)
- Other _____

When possible provide supporting documentation to confirm all changes.

List Name of Family Member: <small>Who is receiving any source of income</small>	List Name of Source of Income <small>Examples: Employer's Name, Social Security, Child Support, JFS, etc..</small>	List Dollar Amount of Income <small>If receiving a wage, provide: \$/hr/wk Other earnings, amount per month</small>

Household Composition: (circle one) ———> REMOVING or ADDING

Name of household member(s) being added or removed	Date of Birth	SSN
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reason for changes in household member(s): _____

Do you pay out-of-pocket unreimbursed medical expense each month? _____ Amount per month \$ _____

Do you pay for a baby-sitter while you work or attend school? _____ Amount you pay \$ _____ per _____
(wk, 2wks, month)

Name and address of Childcare Provider _____

*****WARNING****** Section 1001 of Title 18 of the U.S. Code makes it a CRIMINAL OFFENSE to make willful false statements of misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

I certify that the information reported in this document is correct and complete to the best of my knowledge.

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

