LORAIN METROPOLITAN HOUSING AUTHORITY
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EQUAL HOUSING OPPORTUNITY

INCOME & HOUSEHOLD CHANGE REPORT FORM

Instructions: Use this form to report any changes in monthly benefits of any type, income or household composition. Changes **MUST** be reported within 14 business days. PLEASE provide current, original documentation to verify your changes of income OR benefits. Failure to do so will delay processing.

Identifying information:

Head of Household: _____ Phone Number: _____

Address: _____

Social Security Number: _____ E-Mail Address: _____

Who in the household is the change for: _____

Income Change:

TYPE OF CHANGE YOU ARE REPORTING TO YOUR INCOME. PLEASE CHECK BOX BELOW:

☐ CHILD SUPPORT ☐ ADC CASH ASSISTANCE ☐ UNEMPLOYMENT ☐ SS/SSI/SSD ☐ CHILD CARE
☐ LAY OFF ☐ MEDICAL LEAVE ☐ WORKERS COMP ☐ STUDENT STATUS
☐ MEDICAL EXPENSE ☐ MEDICAL SPENDDOWN ☐ VA/PENSION ☐ OTHER: _____

☐ EMPLOYMENT: ☐ New Job ☐ Loss of Job ☐ Decreased hours/pay rate ☐ Increased Hours/pay rate

Name of Employer: _____
Address: _____
City, State, Zip: _____
Phone/Contact Person: _____
What has changed? ☐ Began ☐ Ended ☐ Increased ☐ Decreased ☐ Applied for

Date the above change went into effect _____

Specify the amount that has changed: Old amount: $_____ New amount: $ _____

Please attach any supporting documents that confirm your income and/or benefit changes.

Household Composition:

I am requesting to: ☐ Add a Household Member ☐ Remove a Household Member Date of Change: _____
Name: _____ Relationship to Head of Household: _____
Address: _____
Social Security Number: _____ Date of Birth: _____
Income Source: _____ Monthly Amount: _____

Other Information:

_____
_____
_____

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I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS COMPLETE, TRUE AND ACCURATE.

If you have not received acknowledgment of your reported changes within 14 business days, please contact your Occupancy Specialist.

SIGNATURE: _____ DATE: _____

OS: _____ DATE RECEIVED: _____