Lucas Metropolitan Housing
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REPORT OF CHANGE(S) IN INCOME AND/OR FAMILY COMPOSITION

Verification **MUST** be submitted with this form!

Please check a box below:

☐   I am reporting an **increase** or **decrease** in household income
☐   I am reporting a change in **Jobs & Family Services** or **child support benefits**
☐   I am reporting child care or medical **expenses**
☐   I wish to **add** or **remove** household members
☐   Other (please specify) _____

Instructions: Fill out **ALL** sections that are necessary to tell us how your household's conditions have changed. Please print clearly and provide a response for all the items in the section(s) you fill out.

Head of Household Name: (Last, First, Middle Initial)	SSN:
Address: (City, State, Zip)	Phone number: ☐ Same ☐ Change
Email address:	

Part One: Employment (Verification required: Minimum of 2 consecutive check stubs, payroll printout or separation letter)	
Household member name:	Effective date of change:
Check **one** box ☐ Began working ☐ Change of employment ☐ Wage increase ☐ Wage decrease ☐ No longer working ☐ Leave of absence (describe) _____ Are you eligible for ☐ Sick leave ☐ Worker's compensation ☐ Unemployment compensation	
I am self- employed (check one) ☐ Yes ☐ No	If yes, under what name?
Employer/Company:	Contact person:
Telephone number:	Employer Address: (City, State, Zip)
Hourly Wage **$**	Paid: (Check one) ☐ Weekly ☐ Every other week ☐ Twice per month
Number of straight time hours worked per pay:	Number of overtime hours worked per pay:

Part Two: Unemployment Compensation (Verification required: Benefit determination letter, payment history printout)	
Household member name:	Effective date of change:
Check **one** box: ☐ Receiving unemployment ☐ Benefit decrease ☐ No longer receiving unemployment	
Amount of payment: (include "0" dollars if no longer receiving payments) **$**	

Part Three: Social Security (SS/SSD/SSI) (Verification required: Award letter or benefits printout)

Household member name:	Effective date of change:

Check **one** box: ☐ Receiving benefits ☐ No longer receiving benefits

Check one box: ☐ This applies to Social Security benefits ☐ This applies to SSI benefits

Amount of payment: (include "0" dollars if no longer receiving assistance) **$**

Part Four: Jobs & Family Services/Child Support (Verification required: Benefit letter or payment printout)

Household member name:	Effective date of change:
County received from:	Change applies to (check one): ☐ TANF/ADC/GA ☐ Child Support ☐ Alimony
Amount of payment received: (include "0" zero dollars if no longer receiving) **$**	Amount shown is a(n) ☐Increase ☐ Decrease from amount previously reported

Part Five: Child care and Medical Expenses including spend down (Verification required: Receipts for expenses paid/JFS spend down printout)

Household member name:	Effective date of change:
Description of income change:	Amount paid $ per ☐ Week ☐ Month ☐ Other (describe) _____
Childcare/Medical Provider:	Contact person:
Address: (City, State, Zip)	Telephone:

Part Six: Adding or Removing Household Member

Effective date of change:	I wish to ☐ Add ☐ Remove a household member
Name of member:	Gender ☐ Male ☐ Female
Date of birth:	Age of member:
Relationship to head of household:	Race: / Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

*Adults (age 18 and over) may **not** move in until they are approved by both the landlord and LMH. In order to request an adult to be added onto your voucher, you and the person(s) you wish to add must see your Housing Specialist for a face-to-face interview. **Failure to follow this rule may result in termination from the Housing Choice Voucher Program**.
Requesting a minor (17 years and under) to be added into the household:
1. Provide a copy of the child's birth certificate
2. Provide a copy of the child's social security card
3. Include the declaration of section 214 Status form (citizenship and eligible immigration status) – available at our front desk
4. Custody paperwork (if applicable)
Requesting a member to be removed from the household:
1. Provide verification of he household member's new address (such as a utility bill showing their name and address)
2. Custody paperwork (if applicable)

Signature_____ Date _____